

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

FOOD WAREHOUSE INSPECTION REPORT

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|---|--|
| 1. ESTABLISHMENT NAME AND ADDRESS <i>(Include ZIP code)</i> | 2. DATE INSPECTED |
| | 3. STATE LICENSE OR PERMIT NUMBER |
| 4. NAME OF OWNER | 5. TELEPHONE NUMBER <i>(Include Area Code)</i> |
| 6. NAME OF MANAGER | 7. TELEPHONE NUMBER <i>(Include Area Code)</i> |

INSTRUCTIONS: Answer the following questions by checking the appropriate box. Explain "No", answers on continuation sheet(s). Precede each explanation with the item number. Use "N/A" where questions are NOT Applicable.

| NO. | STORAGE CONDITIONS | YES | NO |
|-----|---|-----|----|
| 1. | Are incoming lots examined visually for damage or contamination prior to placement in storage | | |
| 2. | Are food products stored off the floor and away from walls | | |
| 3. | Does the firm routinely rotate stock | | |
| 4. | Are items damaged while in storage immediately removed, including any resultant spillage | | |
| 5. | Does firm maintain a morgue area for damaged and returned goods, sufficiently separated from main storage area | | |
| 6. | Are morgue items disposed of in proper and timely manner to prevent a source of pest breeding and harborage | | |
| 7. | Are fertilizers, toxic chemicals, and other potential adulterants adequately separated from human food storage areas | | |
| 8. | Are rodenticides and insecticides properly used and stored | | |
| 9. | Are refrigerated storage and frozen storage maintained at proper temperatures, 45 ° or less / 0 F ° or less, respectively | | |
| 10. | Are cold storage units equipped with suitable thermometers | | |

STORAGE CONDITIONS - SPECIFIC CONTAMINATION NOTED

| | | | |
|-----|--|--|--|
| 11. | Was storage area free of evidence of current insect, rodent, bird, etc., activity | | |
| 12. | Were lots of products susceptible to contamination (<i>e.g., macaroni products, cereal, nuts, popcorn, beans, flour, dried fruit, poppy and sesame seeds, rice, cornmeal, etc.</i>) examined and found free of contamination. (<i>List lots checked on continuation sheet</i>) | | |

REPACKAGING OPERATIONS

| | | | |
|-----|---|--|--|
| 13. | Are repackaging operations (<i>if present</i>) conducted under sanitary conditions adequate to protect the purity and wholesomeness of the finished product | | |
| 14. | Is appropriate bulk container labeling information carried over to retail package | | |

INSPECTION CRITERIA

| NO. | BUILDING AND GROUNDS | YES | NO |
|-----|--|-----|----|
| 15. | Are outside premises free from spillage, trash, etc., which may attract or harbor rodents or other pests | | |
| 16. | Is the building of suitable construction and generally in good physical repair | | |
| 17. | Are open windows screened and are loading doors kept closed when not in use | | |
| 18. | Is interior lighting sufficient to allow adequate inspection and cleaning of premises | | |
| 19. | Has firm scheduled cleaning and pest control program, including at least weekly inspections by qualified employees | | |

TRANSPORTATION PRACTICES

| | | | |
|-----|---|--|--|
| 20. | Are food delivery vehicles clean and in good repair | | |
| 21. | Are foods loaded in separate vehicles from toxic chemicals or other potential contaminants | | |
| 22. | Are vehicles delivering refrigerated and/ or frozen foods equipped to maintain temperatures specified (<i>See Item 9</i>) | | |

TOILETS, DRESSING ROOMS, AND EMPLOYEES

| | | | |
|-----|--|--|--|
| 23. | Are toilets and dressing rooms in good repair, clean, properly ventilated, and adequately separated from storage areas | | |
| 24. | Are handwashing facilities clean and supplied with soap, hot water, and sanitary towels | | |

CORRECTIONS AND SAMPLES

| | | | |
|-----|--|--|--|
| 25. | If any corrections were made as a result of this inspection or noted since previous inspection (<i>including voluntary destructions, capital improvements, etc.</i>), complete Voluntary Correction section of cover sheet From FDA 481 (E) - cg | | |
|-----|--|--|--|

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| 26. | If any samples were collected, list sample numbers and briefly describe samples. | | |
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DISCUSSION WITH MANAGEMENT

Indicate individual with whom inspection was discussed. Identify official official (*name and title*) having authority to authorize corrections. Record any recommendations and / or warnings given, and management's response.

CONTINUATION SHEET (*Use additional sheets as appropriate*)

SIGNATURE OF INSPECTOR

DATE