

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION**

BAKERY INSPECTION REPORT

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", answer on continuation sheet(s). Precede each explanation with the item number. Use "N/A" where questions are Not Applicable.

NO.	RAW MATERIAL STORAGE - REFRIGERATED AND NON-REFRIGERATED	YES	NO
1.	Are raw materials stored off the floor and away from walls		
2.	Are raw materials free of insect infestation		
3.	Are raw materials free of rodent infestation or adulteration		
4.	Are raw materials free of contamination from other sources, e.g., birds, moisture, mold, etc.		
5.	Are raw materials, in other than original containers, clean and contents protected		
6.	Is plant free from evidence of domestic pets, rodent, insect or bird activity		
7.	Are refrigerated items stored at proper temperatures		
8.	If bulk flour handling and storage system is in use:		
	a. Are hose couplings, inside and outside plant, adequately protected from rodents, clean, and in good repair		
	b. Are dust collector or ventilation bags at top of bulk tank clean and insect free		
	c. If system contains inspection ports, were they found free from contamination		
	d. Were tailings from sifting operation free from contamination		
	MANUFACTURING AREA		
9.	Are pieces of food contact equipment (e.g., mixers, conveyors, tables, rounders, racks, pan, etc.) clean and in good repair		
10.	Is such equipment and its surroundings free from evidence of rodent or insect activity		
11.	Are inspection cleaning ports on flour conveyor systems accessible and easy to open		

INSPECTION CRITERIA			
NO.	MANUFACTURING AREA	YES	NO
12.	Are such conveyor systems free from evidence of insect activity		
13.	Are cloth connecting sleeves clean, tight fitting and insect free		
14.	Is tailings box on sifter free from evidence of insects		
15.	Is proofing equipment free from evidence of insects or rodents		
16.	If baking pans or storage bins are nested, are bottom surfaces clean		
17.	Is equipment cleaned before use		
18.	Are miscellaneous utensils, (e.g., pans, spoons, beaters, bowls, etc.,) clean and free from adulterants		
19.	Are utensils and equipment washing facilities clean and adequate		
20.	Are cleaning compounds kept in original containers and separate from raw materials		
21.	Are food/color additives or pesticides used properly		
22.	Do labels of products covered during inspection comply with the Fair Packaging and Labeling Act		
23.	Are weighing practices adequate to insure the declared quantity of contents would be achieved		
BUILDING AND GROUNDS			
24.	Are outside premises free from spillage, trash, etc.. which may attract or harbor rodents or other pests		
25.	Is the building of suitable construction and generally in good physical repair		
26.	Are doors and windows leading to outside in good repair, tight-fitting, and closed or screened adequately		
27.	Are processing and storage areas adequately lighted, ventilated, and reasonably free of odors and condensation		
28.	Are floors, walls, and ceilings clean and in good repair		
29.	Does firm maintain a regular cleaning schedule covering both processing and storage areas		
30.	Are insecticides and rodenticides properly used and stored		
TRANSPORTATION FACILITIES			
31.	Are vehicles used to transport finished products clean and in good repair		
32.	Are products properly protected from adulteration during transport		
TOILETS, DRESSING ROOMS AND EMPLOYEES			
33.	Are toilets and dressing rooms in good repair, clean, properly ventilated, and adequately separated from storage areas		
34.	Are handwashing facilities clean and supplied with soap, hot water, and sanitary towels		
35.	Are employees clean and properly clothed, including head covers		
36.	Do employee practices appear to be satisfactory		

CORRECTIONS AND SAMPLES

37. If any corrections were made during this inspection or made as a result of a previous inspection (*including voluntary destructions, capital improvements, etc.*), complete Voluntary Correction section of cover sheet Form FDA 481 (E) - CG.

38. If any samples were collected, list sample numbers and briefly describe samples.

DISCUSSION WITH MANAGEMENT

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

CONTINUATION SHEET

(Use additional sheets as appropriate.)

SIGNATURE OF INSPECTOR

DATE