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TEMPORARY FOOD STAND INSPECTION REPORT

Based on an inspection this day, the items marked below identify the violation in operation of temporary food facilities. These violations must be corrected immediately. Failure to comply with the specifications of this notice may result in the cessation of your food service operation.

Temporary Food Establishment Name _____
Contact Person: _____ Date of Inspection: ____/____/____
Address of Event _____
Type of Permit held: ___ 1-3 Consecutive Days ___ 4 -14 Consecutive Days ___ Seasonal Permit (Spring-Fall)

Temperature:

Hot Foods >140° Yes ___ No ___
Cold Foods <41° Yes ___ No ___

Food Contact:

Items off ground/tent or canopy over service area. Yes ___ No ___
Hair Restraints (Hats, visors, hairnets) Yes ___ No ___

Hand Washing

Water Source, Soap Yes ___ No ___
Thermometers Provided Yes ___ No ___
Disposable Towel, Basin Yes ___ No ___
Sanitizer available with proper concentration Yes ___ No ___
Sanitizer Test Kit Yes ___ No ___
Toilet facility available Yes ___ No ___
Missing Items: _____

Food Source and Condition

Proper containers, food from commercial sources Yes ___ No ___
Storage of Utensils (plates upside down, forks/spoons stored handles up) Yes ___ No ___

Use of Gloves for:

Ready to eat food: Yes ___ No ___
Trash disposal (containers covered): Yes ___ No ___
Washing use Wash-Rinse-Sanitize, then air dry. Yes ___ No ___

Toxics:

Stored away from food. Yes ___ No ___
Label Spray Bottles Yes ___ No ___

COMMENTS: _____

Food Inspector Signature: _____ Date: ____/____/____