

TEMPORARY EVENT Inspection Report



Public Health
Prevent. Promote. Protect.
**Harford County
Health Department**

Harford County Health Department
120 South Hays Street, Suite 200, Bel Air, MD 21014
Office: 410-877-2300 Fax: 443-643-0333

License No.

Vendor Name:	Date of Event:	Name of Event:
Event Location (address):		

INSPECTION CRITERIA:

	Yes/No	N/A	Corrected
1. Food/water from an approved source:	Yes/No	N/A	
2. Food protected from contamination (<i>off ground/sneeze guard/distance/overhead protection/packaging/shielded lights</i>):	Yes/No	N/A	
3. Hand wash facility: (<i>trailer hand sink/portable hand sink/water jug with spigot that locks in open or closed position/coffee urn plumbed-in hand sink</i>):	Yes/No	N/A	
4. Soap & paper towels provided:	Yes/No	N/A	
5. Waste water collected and held:	Yes/No	N/A	
6. Means to cold hold food at 41°F or lower (<i>iced coolers/powerd refrigerator/freezer</i>):	Yes/No	N/A	
7. Means to hot hold food at 135°F or higher (<i>electric warmer/steam table/grill/Sterno/other</i>):	Yes/No	N/A	
8. Equipment to cook or rapidly reheat food: Describe:	Yes/No	N/A	
9. Utensil cleaning method: <i>3 compartments with bleach or quat & proper test kit/spare clean pre-wrapped utensils</i>	Yes/No	N/A	
10. Trash receptacle in booth:	Yes/No	N/A	
11. Thermometers present (equipment and/or stab thermometer):	Yes/No	N/A	
12. Wiping cloths and adequate sanitizer:	Yes/No	N/A	
13. Equipment clean:	Yes/No	N/A	
14. Gloves:	Yes/No	N/A	

Comments/Temperatures:

INSPECTION RESULT:	Approved <input style="width: 40px;" type="checkbox"/>	Denied <input style="width: 40px;" type="checkbox"/>
Inspected by:	Date of Inspection:	

Report Received by: _____
Signature
Printed Name
Date