

Oklahoma Department of Corrections Monthly Food Service Inspection Report

Date of Inspection:	Department Head:
Facility:	Area Inspected: (identify food service, satellite feeding, warehouse, etc.)
Inspected by:	Due date for Plans of Corrective Action:

(dates of review)

Identify all assessments as: C – Compliant / NC – Noncompliant / NA – Non Applicable
All findings required plans of corrective action and follow up.

Item	Area of Inspection	Finding	Comments	Plans of Action / Follow Up
A.	Tray Room/ Pots and Pans			
1.	Dish Machine maintains proper temperature. a. Wash 150° F b. Rinse/Sanitization 180° F c. or appropriate temperature for chemical sanitization products d. Chemical sanitizer is present for low temperature dish machines (Chlorine 50-100 ppm)		Wash Temp_____ Rinse Temp_____ Sanitizer _____ppm	<input type="checkbox"/> Follow up/date_____
2.	Proper detergent, sanitizing and drying/rinsing agents used in the dish machine.			<input type="checkbox"/> Follow up/date_____
3.	Dish Machine is free of lime deposits and debris.			<input type="checkbox"/> Follow up/date_____
4.	Walls and underside of sinks are free of mold, debris, and mineral deposits.			<input type="checkbox"/> Follow up/date_____
5.	Pot and pan washing procedure is correct with use of disinfectant. A wash, rinse, and sanitizing sink is available. a. Chlorine 50-100 ppm b. Quaternary 100-200 ppm		Sanitizer in use _____ _____ppm	<input type="checkbox"/> Follow up/date_____
6.	Pans and utensils are air dried and stored at least six inches off the floor.			<input type="checkbox"/> Follow up/date_____
7.	Pots and pans are free of baked on debris and residue.			<input type="checkbox"/> Follow up/date_____
8.	Wet pans are stacked at an angle to prevent wet stacking.			<input type="checkbox"/> Follow up/date_____
9.	Indoor grease traps are cleaned daily. All grease traps are tightly sealed to prevent leakage of odors or grease.			<input type="checkbox"/> Follow up/date_____

B. Refrigeration/Freezers				
1.	Proper temperature for refrigerator and freezer are maintained a. Refrigerator 35-40° F b. Freezer 0° F or below		Document location and temperature of all refrigerators and freezers.	<input type="checkbox"/> Follow up/date_____
2.	Original containers are in good condition.			<input type="checkbox"/> Follow up/date_____
3.	All containers are properly labeled with name of product and date received or prepared. The food container is labeled, not the lid.			<input type="checkbox"/> Follow up/date_____
4.	All food is properly covered, except when completing cooling process. (<70° F within 2 hours, from 70° F to <40° F within 4 hours. 6 hours total allotted for cooling process.)			<input type="checkbox"/> Follow up/date_____
5.	All food items with the oldest dates are used first (first in, first out.)			<input type="checkbox"/> Follow up/date_____
6.	Meat products and raw eggs are stored on the bottom shelves of coolers to eliminate cross contamination.			<input type="checkbox"/> Follow up/date_____
7.	Functioning and accurate internal thermometers are present in all refrigerators and freezers.			<input type="checkbox"/> Follow up/date_____
8.	Stored containers are at least six inches above the floor and six inches away from walls. Containers are at least 18 inches below fire sprinkler heads.			<input type="checkbox"/> Follow up/date_____
9.	Refrigerators and freezers are free of condensation leaks. Freezer area is free of ice accumulation.			<input type="checkbox"/> Follow up/date_____
10.	Sample trays from the previous 72 hours are present and labeled with time and date prepared. (Compare time prepared to time documented on the "Daily Work Production Schedule". Sample trays must contain the same food items and portion sizes as were served per the "Daily Work Production Schedule").			<input type="checkbox"/> Follow up/date_____
C. Food Production Areas/ Serving Line				
1.	Potentially hazardous food is properly thawed.			<input type="checkbox"/> Follow up/date_____
2.	When food is removed from temperature control, it is served within 4 hours.			<input type="checkbox"/> Follow up/date_____
3.	Food is properly handled i.e., use of utensils, plastic gloves, etc.			<input type="checkbox"/> Follow up/date_____
4.	Hood vents are free of grease and debris accumulation and are current with their inspection (inspected every 6 months).			<input type="checkbox"/> Follow up/date_____
5.	Food contact surfaces are clean and sanitized. Including but not limited to: mixers, food and transport carts, ovens and oven racks, steam pots, tilt skillets, grills, food prep tables, serving line, slicers, buffalo choppers, microwaves.			<input type="checkbox"/> Follow up/date_____

6.	All equipment is cleaned and sanitized after each use. Equipment will be cleaned and sanitized at the end of every shift. There is no negligence in cleaning or repair.		Document equipment not operational. Document equipment that does not meet cleaning and sanitizing standards.	<input type="checkbox"/> Follow up/date_____														
7.	Proper temperatures of food at serving are maintained a. Hot food 135° F or above b. Cold foods 40° F or below		Document holding temperatures of <u>all</u> items on serving line and/or warmer boxes. <table border="1"> <thead> <tr> <th>Food Item</th> <th>Temperature</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Food Item	Temperature													<input type="checkbox"/> Follow up/date_____
Food Item	Temperature																	
8.	Serving line is operational and maintains hot food at 135° F and above, and cold food items 40° F and below.			<input type="checkbox"/> Follow up/date_____														
9.	Serving line is sanitized properly and free of food debris. Sneeze guard on serving line is free of cracks and food debris.			<input type="checkbox"/> Follow up/date_____														
10.	Containers of sanitizing solution are available in all food preparation and serving areas. Cleaning cloths are stored in the sanitizing solution when not in use. The chemical concentration is appropriate for the chemical sanitizer in use.		Sanitizer in use _____ _____ ppm	<input type="checkbox"/> Follow up/date_____														
D.	Inmate and Staff Rest Rooms																	
1.	Toilet facilities are clean, disinfected, and maintained in proper working condition.			<input type="checkbox"/> Follow up/date_____														
2.	Restrooms are cleaned and inspected by staff once per shift. A cleaning inspection sign-off sheet is located on each rest room door.			<input type="checkbox"/> Follow up/date_____														
3.	Hand washing sign is posted.			<input type="checkbox"/> Follow up/date_____														
4.	Trash receptacles are available. A lid is present on at least one trash receptacles in each female restroom.			<input type="checkbox"/> Follow up/date_____														
5.	Paper towels and soap are provided.			<input type="checkbox"/> Follow up/date_____														
6.	Doors to rest rooms are tight sealing and self-closing.			<input type="checkbox"/> Follow up/date_____														
E.	Dry Storage Areas																	
1.	Original containers are in good condition. Metal cans are free of dents and rust.			<input type="checkbox"/> Follow up/date_____														
2.	All containers are properly labeled with name of product and date received or prepared. The food container is labeled, not the lid.			<input type="checkbox"/> Follow up/date_____														

3.	Stored containers are at least six inches above the floor and six inches away from walls. Containers are at least 18 inches below fire sprinkler heads and 24 inches from non-sprinkler ceilings.			<input type="checkbox"/> Follow up/date_____
4.	No food is stored under exposed or unprotected sewer or water lines.			<input type="checkbox"/> Follow up/date_____
5.	Dry storeroom temperature is between 45° F-80 ° F and has proper ventilation.		Document location and temperature of dry storage areas.	<input type="checkbox"/> Follow up/date_____
6.	Functioning and accurate internal thermometers are present in all food storage areas.			<input type="checkbox"/> Follow up/date_____
7.	All food items with the oldest dates are used first (first in, first out)			<input type="checkbox"/> Follow up/date_____
8.	Food storage areas are secured.			<input type="checkbox"/> Follow up/date_____
F.	Personal Practices			
1.	All food service inmate workers must be cleared by medical prior to assignment to the kitchen. Documentation of medical clearance is maintained by Food Service Management.			<input type="checkbox"/> Follow up/date_____
2.	Hair restraints/ beard guards are in use. Must be worn by all staff, inmates, visitors, and inspectors.			<input type="checkbox"/> Follow up/date_____
3.	Personnel are in good health, free from infections, open cuts, or burns, etc.			<input type="checkbox"/> Follow up/date_____
4.	Personal hygiene is good, i.e., clean clothes, hands washed.			<input type="checkbox"/> Follow up/date_____
G.	Safety			
1.	Floors are free of standing water. Wet floor signs are posted as needed.			<input type="checkbox"/> Follow up/date_____
2.	Hot pads are provided and are in good condition.			<input type="checkbox"/> Follow up/date_____
3.	Knives are properly stored and handled. Knives are leashed/cabled when in use.			<input type="checkbox"/> Follow up/date_____
4.	Safety devices on equipment are used. (Mixer guard, slicer guard, etc.)			<input type="checkbox"/> Follow up/date_____
5.	Fire extinguishers are available and inspected monthly.			<input type="checkbox"/> Follow up/date_____
6.	First Aid kit fully equipped and tamper tag is in place. First Aid kit is inspected monthly.			<input type="checkbox"/> Follow up/date_____
7.	Water temperatures are maintained (100° F -120° F).		Record water temps _____	<input type="checkbox"/> Follow up/date_____
8.	Caustics are properly stored, inventoried, and issued as needed.			<input type="checkbox"/> Follow up/date_____

9.	SDS's are available for all caustics in use within the food service area.			<input type="checkbox"/> Follow up/date_____
10.	The boiler has been inspected annually by the Dept. of Labor Boiler Division.			<input type="checkbox"/> Follow up/date_____
H.	General Sanitation			
1.	Hand sinks with disposable towels/ hand drying devices. Soap is provided.			<input type="checkbox"/> Follow up/date_____
2.	Indoor garbage containers or receptacles are adequate and covered when not in use.			<input type="checkbox"/> Follow up/date_____
3.	Outside garbage containers are covered and sealed to prevent leakage and entrance of pests or rodents.			<input type="checkbox"/> Follow up/date_____
4.	Kitchen and storage areas are protected from insects, rodents, and flies. Is there evidence of pests in food service? Exterior doors are self-closing and adequately sealed.			<input type="checkbox"/> Follow up/date_____
5.	Floors, shelving, counters, and equipment in all areas of food service are free of dirt, debris, and grease accumulation. All surfaces are easily cleaned and sanitized. Surfaces do not trap moisture, bacteria, or odors.			<input type="checkbox"/> Follow up/date_____
6.	Mop closets: Mops and buckets are properly cleaned, dried, and stored. Brooms, dust pans, and wet floor signs, and squeegees are in good condition and stored properly.			<input type="checkbox"/> Follow up/date_____
7.	Mop water is changed frequently and contains sanitizing agent.			<input type="checkbox"/> Follow up/date_____
8.	Floors are in good repair and free of cracks or missing tiles.			<input type="checkbox"/> Follow up/date_____
9.	All food preparation areas are free of personal items (books, clothing, outside food containers, etc.) and open drinking cups.			<input type="checkbox"/> Follow up/date_____
10.	Fly fans are operational and operated as intended (automatically).			<input type="checkbox"/> Follow up/date_____
I.	Daily Work Production Schedule			
1.	Menu items documented as served on the "Daily Work Production Schedule" are within compliance with the mandated ODOC Master Menu, to include medical and religious diets.			<input type="checkbox"/> Follow up/date_____
2.	All substitutions to the ODOC Master Menu are documented and are of equivalent nutritional value and portion size.			<input type="checkbox"/> Follow up/date_____
3.	Sample tray is documented with date and time of preparation on "Daily Work Production Schedule".			<input type="checkbox"/> Follow up/date_____
4.	Refrigerator and freezer temperatures are documented on the "Daily Work Production Schedule" and are within acceptable limits. a. Refrigerator 35-40° F b. Freezer 0° F or below			<input type="checkbox"/> Follow up/date_____

5.	Storeroom temperatures are documented on the "Daily Work Production Schedule" and within acceptable limits (45° F-80° F).			<input type="checkbox"/> Follow up/date_____
6.	Final cooking temperatures are documented on the "Daily Work Production Schedule" and within acceptable limits. a. All poultry, poultry stuffing, stuffed meats and stuffing containing meat: 165° F or above. b. Ground meat and any food containing ground beef, pork, or fish: 155° F or above. c. Eggs: 155° F or above. d. Whole seafood, and meat products of beef or pork (e.g.: steaks, chops, roasts, and filets): 145° F or above. e. Leftovers: 165° F or above. f. All other potentially hazardous foods requiring cooking: 140° F or above.			<input type="checkbox"/> Follow up/date_____
7.	Serving line temperatures are documented on the "Daily Work Production Schedule" and within acceptable limits. a. Hot food 135° F or above b. Cold foods 40° F or below			<input type="checkbox"/> Follow up/date_____
8.	Temperatures are documented before bulk food items and/or individual trays are transported to other feeding sites. a. Hot items: 135° F or above b. Cold items: 40° F or below			<input type="checkbox"/> Follow up/date_____
9.	Chemical concentration of the 3-compartment sink is documented and within appropriate concentration levels.			<input type="checkbox"/> Follow up/date_____
10.	Dish machine temperatures and chemical concentration are documented and within appropriate standards.			<input type="checkbox"/> Follow up/date_____
11.	Inspections of all personal workers to include health and hygiene are documented.			<input type="checkbox"/> Follow up/date_____
12.	Each "Daily Work Production Schedule" has been reviewed and signed by the Food Service Manager.			<input type="checkbox"/> Follow up/date_____
J.	Training Documentation			
1.	Staff orientation training is completed and documented within the first two weeks of hiring.		Name of new hire and date of orientation training:	<input type="checkbox"/> Follow up/date_____
2.	Quarterly safety training for all food service staff members is completed and documented.		Topic and date of last quarterly staff safety training:	<input type="checkbox"/> Follow up/date_____
3.	Inmate orientation training is completed immediately upon assignment to their food service duties. Review past month's newly hired inmates.			<input type="checkbox"/> Follow up/date_____

4.	Monthly safety training for all inmate food service workers is completed and documented.		Topic and date of last monthly inmate safety training:	<input type="checkbox"/> Follow up/date_____
K.	End of Month Reports			
1.	The food service end of month report is completed thoroughly and accurately. The end of month report is forwarded to the Facility Head and the Food Service Operations Unit.			<input type="checkbox"/> Follow up/date_____
2.	The monthly expendable inventory is completed and forwarded to the Business Manager, Facility Head, and the Food Service Operations Unit.			<input type="checkbox"/> Follow up/date_____
L.	Emergency Preparedness			
1.	Facility maintains at least a two-week supply of food items and disposable serving items. Emergency supply of food will accommodate multiple types of emergencies: loss of water, gas, and electricity, staff and inmate worker shortages.			<input type="checkbox"/> Follow up/date_____
2.	Emergency feeding plans are up to date in the facility's OP-050102 FM's. All food service staff members are trained on the emergency feeding plan.			<input type="checkbox"/> Follow up/date_____
M.	Previous Food Service Inspections			
1.	Review the following most recent inspections and corrective actions: a. Department of Health Inspection b. Fire Marshal Inspection c. Vent Hood Inspection d. Annual Operational Audit e. Biannual Health and Safety Inspection f. Monthly Health and Safety Inspection (previous two months) g. Monthly Food Service Inspection (conducted by the RFSQAC) h. Weekly Food Service Inspections		Date of Last Inspections Department of Health: _____ Fire Marshal: _____ Vent Hood Inspection: _____ Annual Operational Audit: _____ Biannual Health and Safety: _____ Monthly Health and Safety: _____ Monthly Food Service Inspection: _____ Weekly Food Service Inspections: _____	<input type="checkbox"/> Follow up/date_____
2.	Document any repeat deficiencies found during previous inspections, as well as this current inspection. Attach copies of repeat deficiencies and corrective actions to this inspection report.			<input type="checkbox"/> Follow up/date_____

N.	Additional Comments, Sanitation Concerns, and/or Positive Findings:	
O.	Facility Reports	
Weeks Pulled:		
Daily Work Production Schedules & Food Cost Worksheets		Dates Reviewed:

Food Service Daily Inspection Sheets	Dates Reviewed:
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Food Service Weekly Inspection Sheets	Dates Reviewed:
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Monthly Food Service Reports	Dates Reviewed:
Monthly Inmate & Staff Safety Training Attendance Rosters	Dates Reviewed:

Item Number		Area	
Description:			
Recommended Action:			
Describe Corrective Action Taken and Date of Completion			
Action Taken to Prevent Recurrence			

Item Number		Area	
Description:			
Recommended Action:			
Describe Corrective Action Taken and Date of Completion			
Action Taken to Prevent Recurrence			

Item Number	Area
Description:	
Recommended Action:	
Describe Corrective Action Taken and Date of Completion	
Action Taken to Prevent Recurrence	

If needed, provide photos of areas found in noncompliance and/or areas of concern. Additional pages may be added.

- ☐ Facility head or designee was debriefed by Regional Food Service Quality Assurance Coordinator (RFSQAC). (In the event the facility head is unavailable, the Administrator of Food Service Operations will be notified prior to departure from the affected facility.)

Signature of the Facility Head: _____ Date: _____

- ☐ Follow up assessment by RFSQAC.

RFSQAC Signature: _____ Date: _____

- ☐ Final review by the Administrator of Food Service Operations.

Signature of the Administrator of Food Service Operations: _____ Date: _____

- ☐ All repeat deficiencies will be forwarded through the Chief Administrator of Auditing and Compliance to the affected Administrator of Institutions/Community Corrections.