

FARMERS' MARKET VENDOR HEALTH INSPECTION REPORT

Name of Farmers' Market: _____ Location: _____

Name of Booth/Stall: _____

Name of Owner: _____

Phone #: _____ Email: _____

Mailing Address: _____

Food Products Sold: _____

CATEGORY	N/A	Satisfactory	Needs Improvement	Corrected During Inspection	Comments
Food Source:					
Meat from inspected facility					
Eggs					
Only pasteurized milk sold					
Food labelled					
Food Storage:					
Samples covered					
Food covered					
Canopy over display/storage/prep areas					
Food off the ground					
Raw and ready to eat foods separated					
Thawing/Cooling/Cold Holding					
Cold foods cold (4C or less)					
Frozen foods -18C					
Sufficient cold holding units available					

Name of Booth/Stall: _____

CATEGORY	N/A	Satisfactory	Needs Improvement	Corrected During Inspection	Comments
Preparation and Handling:					
Handwashing facilities available and used					
Proper use of gloves					
Sufficient clean utensils					
Sanitizing of surfaces					
Sanitizing of utensils					
Cooking/Reheating/Hot holding:					
Hot foods hot (60C+) Adequate cooking/ hot holding units available					

Safe water is required for preparation, handwashing and ice.

Source of water _____

Recent water sample test yes no

Requirements/Recommendations:

Food Samples taken: _____

Date: _____

Market Vendor Signature

Public Health Inspector Signature