

UNIVERSITY OF OREGON
Fraternity and Sorority
Self Health Inspection Report

A. FOOD/SERVICE AREA

1. Are the food products you are receiving in sound condition (no spoilage) and from approved sources? **Yes No**

- Refuse deliver of unsafe product
- Discard unsafe product or return to supplier
- Cold deliveries 45 degrees F or below
- Frozen food frozen

2. Are cold refrigeration temperatures holding at or below 45 degrees F? **Yes No**

List refrigeration units & temperatures _____

- Discard food that has been above 45 degrees F for 4 or more hours
- Remove other perishable foods to another working unit
- Foods must reach 45 degrees within 4 hours

3. Are hot food temperatures holding at or above 140 degrees F? **Yes No**

List hot foods & temperatures _____

3. Do you cool foods? **Yes No**

If yes, describe process: _____

- Must be cooled from 140 F to 45 F within 4 hours
- If food does not drop from 140 F to 45 F or colder within 4 hours, discard food

4. Do you reheat leftover foods from one day to the next? **Yes No**

If yes, describe process: _____

6. Do you cook food? **Yes No**

If yes, what temperature?

- Poultry to _____ degrees F
- Pork to _____ degrees F
- Ground beef _____ degrees F
- All other food to _____ degrees F

Comments: _____
If food product does not reach required temperature, continue cooking until product reaches designated temperature.

7. Are catered foods received at or above 140 F or at or below 45 F? **Yes No**
- Describe methods used: _____
 - Provide properly insulated transport units to ensure temperature controls
 - Provide alcohol thermometer
8. Do you have red alcohol filled thermometers for each refrigeration unit? **Yes No**
- Provide alcohol thermometer
9. Do you have a product thermometer to check hot & cold food temperatures ranges 0 – 220 F **Yes No**
- Provide accurate, calibrated thermometer
10. Food storage:
- Off floor, on shelves? **Yes No**
 - Are ready to eat and/or cooked foods stored above raw meats? **Yes No**
 - Put on shelves at least 6 inches above floor
 - Cover all food with foil, plastic wrap, or lids
 - Move raw products to lowest shelves
11. Are ill employees or employees with skin injuries restricted from handling food or utensils? **Yes No**
- Employees may not handle food or utensils when ill (if in doubt, call health department at 682-4480)
 - Hand injuries should be covered with plastic gloves
12. Hands washed, good hygiene practices:
- Hands washed before work or food preparation? **Yes No**
 - Dispensed soap and paper towels at hand sinks in kitchen, restroom? **Yes No**
 - Are cloth towels used for hand drying? **Yes No**
 - Wash hands before food preparation and work
 - Provide soap and paper towels at hand sinks at all times
 - Repair, provide hot & cold running water at all times
 - Discontinue use of cloth towels; provide paper towels or air dryer
 - Linen roll dispensed towels are acceptable
13. Sanitizing of food contact surfaces:
- Sanitized test paper provided? **Yes No**
 - Sanitizing solution with wipe clothes provided for food contact surfaces? **Yes No**
 - Changed when dirty? **Yes No**
 - Utensils & equipment washed, rinsed, and sanitized after use? **Yes No**
 - Dishwasher dispensing 50-100 ppm chlorine sanitizer? **Yes No**
 - Method of checking _____
 - Hot temperature rinse dishwasher temperature is at least 160 F? **Yes No**

- Provide sanitizing solution with wipe clothes
- Keep clothes in sanitizer
- Change sanitizer when dirty
- Wash & sanitized, then air dry all food contact surfaces
- Provide chlorine sanitizer
- Correct dishwasher to dispense proper level of ppm sanitizer or temperature
- Increase rinse temperature to 160 F or above

14. Do you have any evidence of rodents or insects in your food service area (house)? **Yes No**

- Examples: droppings, torn screens, torn/gnawed food sack, etc.
- Cover all foods, sanitize all surfaces, and contact exterminator

15. Floor/wall structure & cleaning:

- Is floor clean & in good repair? **Yes No**
- Are wall/ceiling areas clean & in good repair? **Yes No**
 - Clean and repair floors, wall and ceiling areas

16. Are all chemical bottles and spray bottles labeled, stored away from and/or below food products and food contact items? **Yes No**

- Clearly label all bottles, containers
- Store chemicals below and separate from food, utensils, single service supplies, and food contact items

B. LAUNDRY AREA

1. Is area clean and free of excess dust? **Yes No**
2. Are cleaning products stored safely? **Yes No**
3. Are faucets and drains functioning? **Yes No**
4. Is there adequate ventilation? **Yes No**
5. Are dryer vents connected? **Yes No**

C. BATHROOM/SHOWER

1. Is area clean (no mold) and free of excess dust? **Yes No**
2. Are cleaning products stored safely? **Yes No**
3. Are faucets and drains functioning? **Yes No**
4. Is there adequate ventilation? **Yes No**
5. Do all hot/cold taps work? **Yes No**
6. Is soap available for hand washing? **Yes No**
7. Are paper towels available for hand drying? **Yes No**
8. Are paper towels and trash adequately disposed of? **Yes No**
9. Are windows used for ventilation properly screened? **Yes No**

- | | | |
|--|------------|-----------|
| 10. Are all plumbing and fixtures in good working condition? | Yes | No |
| 11. Toilet paper is available at each toilet (refills are accessible)? | Yes | No |
| 12. The guest bath meets all the above requirements? | Yes | No |

D. GARBAGE/TRASH/RECYCLE SERVICE AREA

- | | | |
|---|------------|-----------|
| 1. Who provides trash pick up? _____ | | |
| 2. What is the pick up schedule? _____ | | |
| 3. Is container large enough for () # served? | Yes | No |
| 4. Is container covered properly? | Yes | No |
| 5. Is recycling center organized for maximum effectiveness? | Yes | No |

What products are regularly recycled?

_____ Glass _____ Cardboard _____ Bottles _____ Cans _____ Other

E. SLEEPING PROCHES

- | | | |
|--|------------|-----------|
| 1. No lofts or cubbies exist w/o the approval of the fire Marshall? | Yes | No |
| 2. Are there triple bunks? | Yes | No |
| 3. There is a separation (3-ft minimum) between headboards? | Yes | No |
| 4. There is adequate ventilation for each individual sleeping space? | Yes | No |
| 5. Are windows and vents screened? | Yes | No |

F. PUBLIC AREAS

- | | | |
|--|------------|-----------|
| 1. All entrances/exits have doors, screens, etc? | Yes | No |
| 2. All carpets are cleaned every six months? | Yes | No |
| 3. Date of last professional cleaning _____ | | |
| 4. Doors and windows are properly sealed to prevent drafts and bugs? | Yes | No |