

**Inspection of Bed
 and Breakfast Inn**

Score: _____
 Date of Insp/Chg _____
 Status Code: _____

Health Department _____
 Current Facility ID _____
 Old Facility ID _____

Water Supply: <input type="checkbox"/> Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Non-Public Water Supply	Water sample taken today? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inspection <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Visit	<input type="checkbox"/> Name Change <input type="checkbox"/> Verification of Closure <input type="checkbox"/> Status Change
Wastewater System: <input type="checkbox"/> Community <input type="checkbox"/> On-Site System			

Name of Establishment: _____ Permittee: _____
 Location Address: _____ Mailing Addr.: _____
 City: _____ State: NC Zip: _____ City: _____ State: _____ Zip: _____

	Deductions - Full/half (Circle One)	COMMENTS
1. FOOD TEMPERATURES below 45° For above 140°F. Proper thawing .3006	5 2.5	_____
2. COOKING to correct temperatures with no interruption .3006	5 2.5	_____
3. FOOD STORED, HANDLED, TRANSPORTED, SERVED to prevent contamination or adulteration, No pets .3006	4 2	_____
4. FOOD CLEAN AND WHOLESOME .3006	4 2	_____
5. FOOD FROM APPROVED SOURCES .3006	4 2	_____
6. FOOD EMPLOYEES wash hands, use utensils, hand sanitizers, no tobacco use .3006, .3007	4 2	_____
7. SANITIZATION OF potentially hazardous food contact surfaces including eating and drinking utensils .3006, .3008, .3011	4 2	_____
8. FACILITIES FOR SANITIZING available .3008	2 1	_____
9. FOOD NOT RE-SERVED .3006	3 1.5	_____
10. PESTS not present .3007, .3013		_____
11. SEWAGE DISPOSAL approved, properly operating .3009	5 2.5	_____
12. WATER SUPPLIES properly located, constructed, maintained .3013	5 2.5	_____
13. NO CROSS-CONNECTIONS .3010	3 1.5	_____
14. HOT AND COLD RUNNING WATER where required .3010	3 1.5	_____
15. ICE , approved supply, stored and handled to prevent contamination. Ice bins used only for ice .3011	3 1.5	_____
16. CLEAN LINEN in good repair for each guest .3012	3 1.5	_____
17. LINEN stored properly .3012	1 .5	_____
18. CLEAN MATTRESSES in good repair .3012	2 1	_____
19. PESTICIDES of approved type. Pesticides, cleaning agents and medications stored properly .3013, .3014	2 1	_____
20. THERMOMETERS AVAILABLE in refrigerators and to monitor food temperatures .3006	2 1	_____
21. FOOD SERVICE EMPLOYEES wear clean clothing, hairnets .3007	2 1	_____
22. FOOD SERVICE EQUIPMENT easily cleanable, in good repair .3008	2 1	_____
23. LAVATORY available to kitchen, soap, towels .3008	4 2	_____
24. FOOD SERVICE EQUIPMENT AND FIXTURES clean .3008	2 1	_____
25. DISPOSABLES stored properly .3008	1 .5	_____
26. ONE BATHROOM per two bedrooms, at least .3009		_____
27. LAVATORIES AND BATHING FACILITIES with hot and cold running water, soap, towels .3009	2 1	_____
28. BATHROOM FIXTURES clean and in good repair .3009	1 .5	_____
29. DRINKING WATER FACILITIES of sanitary design .3011	1 .5	_____
30. PREMISES free of rodent harborage, clean, drained, free of litter .3013	1 .5	_____
31. WINDOWS screened, DOORS self-closing .3013	1 .5	_____
32. STORAGE rooms clean .3014		_____
33. FLOORS, WALLS, CEILINGS, WINDOWS clean and in good repair, Non- absorbent and easily cleanable where required .3009, .3015	2 1	_____
34. FURNITURE, FIXTURES , clean and in good repair .3015	1 .5	_____
35. PUTRESCIBLE WASTES in can with liners. No rubbish, litter .3016		_____
36. GARBAGE collected, stored with tight-fitting lids. Contents removed, Cans washed .3016	2 1	_____

Total Deductions _____

Comment Sheet Attached Yes No

Inspection by: _____ REHS I.D.# _____

Purpose: General Statute 130A-248 requires the Commission for Public Health to adopt rules for bed and breakfast inns. 15A NCAC 18A .3004 specifies that a form will be developed by the Division to record the results of inspections of bed and breakfast inns. This form is developed to be used in making inspections of bed and breakfast inns. **Preparation:** Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for: **1.** Original to be left with the permittee. **2.** Copy for the local health department. **3.** Copy for the Environmental Health Section. **Disposition:** This form may be destroyed in accordance with Standard 8.B.6., Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History. Additional forms may be ordered from: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)