

TACTICAL KITCHEN FOOD SANITATION INSPECTION <i>(The Tri-Service Food Code, Appendix E, provides guidance for completing this form)</i>										1. DATE (YYYYMMDD)	
2. MILITARY UNIT			3. GEOGRAPHIC LOCATION OF OPERATION				a. STATE/COUNTRY				
			b. NAME OF CAMP/INSTALLATION				4. SETTING				
							Training		Deployment*		
5. PERSON IN CHARGE (PIC)		a. RANK AND NAME			b. PIC PHONE		c. PIC OFFICIAL E-MAIL				
6. INSPECTION TYPE (X one)		Routine	Follow-up	Complaint	Preoperational	Other (Specify)					
7. INSPECTOR		a. RANK AND NAME			b. PHONE		c. E-MAIL				
d. UNIT/ORGANIZATION				8. START TIME		9. END TIME		Various timeframes			
10. NUMBER AND TYPE OF VIOLATIONS		a. Critical	11. INSPECTION RATING (X one)	Fully Compliant		Substantially Compliant		Partially Compliant			
		b. Non-critical		Non-Compliant (Provide date scheduled for follow-up)		Follow-up date					
12. COMPLIANCE STATUS (Numbered items and specified provisions noted with an asterisk * indicates a CRITICAL deficiency)											
Mark "X" in the box to indicate the provision was NOT in compliance; Where multiple provisions are included in the item description, only mark the CRITICAL provision if it was found non-compliant. An unmarked item indicates all provisions within the item grouping are fully compliant.											
For items that are OUT of compliance, Mark "X" in the appropriate box for COS (corrected on site during the inspection).											
Item	Facilities			COS	Item	Utensils and Equipment			COS		
1	Location/site selection: proximity to latrines, waste disposal; drainage				27	Thermometers provided and accurate					
2	Non-standard military structures/facilities conform to Temporary Food Establishment requirements				28*	Food contact surfaces cleaned & sanitized					
3	Floors/ walls/ceiling: clean, serviceable, no standing water				29	Utensils & equipment properly dried, stored, handled					
4	Hand wash facilities: supplied, accessible, & used; approved hand sanitizer				30	Equipment & utensils: good repair/operational; authorized materials [4-101.11*; 4-102.11*; 4-201.12*, 4-202.11*]					
5	Toilets: location				31	Nonfood contact surfaces clean					
6	Warewashing facility: 3-compartment sink system; drainboard; proper use & maintained; test kits				32	Single-use/single-service items: properly stored & used [4-502.12*]					
7	Ventilation maintained IAW governing military publications; grease & humidity control when operated in an alternate trailer/building/structure				33	Wiping cloths: properly used and stored; sponge prohibition					
8	Lighting: adequate for tactical situation or alternate facilities used				Water						
9	Sewage, grease & waste water properly disposed				34*	Potable water: supplied & used; approved source; quality					
10	Garbage/refuse proper disposal; facilities maintained; covered receptacles				35	Plumbing & bulk storage: approved system or storage container; no cross connections; inspected/maintained [9-304.12*; 5-101.12*; 5-201.11*; 5-202.11*]					
11	Wood pallet use: clean; exchanged; serviceable; subfloor – easily cleanable & prevents pest harborage				36	Sufficient quantity of potable water to support food operations and sanitation					
12	Pest control measures & devices: proper use, prevents food contact surface contamination				37*	Chlorine residual (bulk water): present & monitored					
13	Insects, rodents, animals: not present				Health and Hygiene						
14	Toxic substances properly identified, stored & used [7-201.11*; 7-202.12*; 7-203* thru 7-207*; 7-301.11*]				38	Ill employee: reporting, restriction & exclusion [2-201.11*; 2-201.12*; 2-201.13*]					
Food					39	Eating, drinking, and tobacco use in food prep & service areas; proper tasting procedures [3-301.12*]					
15*	Food & bottled water from approved sources				40	Personal cleanliness: clothing; hair restraint; jewelry					
16*	Food in good condition, safe, & unadulterated; receipt temperatures				41	Hands clean and properly washed [2-301.11*; 2-301.12*; 2-301.14*]					
17	Proper cold holding temperature & refrigeration/cold storage facilities [9-502.11(C)*]				42	Camouflage paint & toxic coatings on hands/arms/face					
18*	Proper thawing & slacking for frozen PHF (TCS) foods				43*	Bare hand/arm contact with food					
19*	Proper cooking temperature				44	Disposable gloves used properly					
20*	Proper hot holding temperature and/or use of Time as public health control				Supervision and Training						
21	Fresh fruits and vegetables washed & disinfected; night soil/sewage fertilizer used [9-502.17(D)*]				45	Person in charge (PIC) present and demonstrates knowledge [2-101.11*; 2-102.11*]					
22	Food separated & protected: storage, prep, transport [3-302.11*; 3-304.11*]				46	PIC and food employees: duties; training [2-101.11(A)*]					
23*	Prohibition for serving raw/undercooked PHF(TCS) foods to highly susceptible populations				Other findings: For deficiencies not otherwise listed on this form, specify the provision number and cite the deficiency.						
24	Insulated food containers: proper use; labeled				47						
25*	Leftover PHF prohibition; retention of sandwiches limited to 1 meal period				48						
26	Protection from ice used as coolant [3-303.11*]; food contact with water/ice				49						

TACTICAL KITCHEN FOOD SANITATION INSPECTION *(Continued)*

MILITARY UNIT	DATE	INSPECTION TYPE	<input type="checkbox"/> Routine	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Complaint
			<input type="checkbox"/> Preoperational	Other: _____	

TEMPERATURE OBSERVATIONS *(Mark the temperature scale used)*

Food Item & Location	Temp °F / °C	Food Item & Location	Temp °F / °C	Food Item & Location	Temp °F / °C

REMARKS *(Observations and Corrective Actions)*

Item Number Summary of findings, corresponding provision number, and recommended corrective actions. *(Corrective action is required within the time frames specified below, or as stated in sections 8-405.11 and 8-406.11 of the Tri-Service Food Code)*

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INSPECTOR'S INITIALS	FINAL INSPECTION RATING	<input type="checkbox"/> Fully Compliant	<input type="checkbox"/> Partially Compliant
		<input type="checkbox"/> Substantially Compliant	<input type="checkbox"/> Non-Compliant

INSTRUCTIONS FOR MARKING THE TACTICAL KITCHEN FOOD SANITATION INSPECTION FORM

1.	DATE. As stated.	13.	MILITARY UNIT. As stated. (Should match first page)
2.	MILITARY UNIT. Tactical unit conducting food service operations.	14.	DATE. As stated. (Should match first page)
3.	GEOGRAPHIC LOCATION OF OPERATION. Identify the state (for CONUS locations) or country (OCONUS locations) of the operation at the time of inspection. Provide the name of the installation, base, or camp where the food operation is located.	15.	INSPECTION TYPE. Place an "X" in the box to indicate the type of inspection being conducted. Select only one. If "Other" is marked, specify the inspection type (e.g., Self Evaluation, Walk-through). (Should match first page)
4.	SETTING. Mark the appropriate box to indicate the operation is occurring in support of a training exercise or deployment. Deployment includes combat operations, contingency/support operations, and humanitarian assistance missions.	16.	TEMPERATURE OBSERVATIONS. For food, identify the food item and location of the food in the facility when the internal product temperature was taken (e.g., meatloaf/serving line). For equipment, identify the equipment type and location in the facility where the ambient air temperature was taken (e.g., walk-in refer #2, outside). Provide the temperature measurement as indicated on your thermometer. Mark the temperature scaled used (°F or °C). If more space is needed to document measurements, use the REMARKS section or continuation page.
5.	PERSON IN CHARGE (PIC). Provide the full name (and military rank), phone number with area code, and official e-mail of the PIC who accompanied the inspector.	17.	REMARKS. Briefly describe specific observations for deficiencies. - IHH – Place an "X" in the box if an imminent health hazard was found and describe the situation in the space provided. - Item Number – Indicate the item number from the list of provision groupings in block 12, COMPLIANCE STATUS, on page 1 where a deficiency was found, describe the findings, and provide remediation guidance.
6.	INSPECTION TYPE. Place an "X" in the box to indicate the type of inspection being conducted. Select only one. If "Other" is marked, specify the inspection type (e.g., Self Evaluation, Walk-through)	18.	SIGNATURE. The inspector and PIC sign and date the form after reviewing inspection findings, the facility inspection rating, remediation actions, and the scheduled follow-up date (for non-compliant inspection ratings only.) <i>Page Number. Indicate the page number and total number of pages starting on page 1 and on subsequent pages containing inspection data.</i>
7.	INSPECTOR. Provide the full name (and military rank), phone number with area code, official e-mail, and assigned unit of the person conducting the inspection.		
8.	START TIME. Time the inspection began; use 24-hour clock notation.		
9.	END TIME. Time the inspection officially ended; use 24-hour clock notation. Place an "X" in the box to indicate the inspection occurred at multiple time intervals throughout the day.		
10.	NUMBER AND TYPE OF DEFICIENCY. Provide the total number of "Critical" deficiencies and "Non-critical" deficiencies found during the inspection. Do not mark the box if no deficiencies were noted.		
11.	INSPECTION RATING. Using the "Inspection Rating Criteria" provided on page 2 of the form, place an "X" in the box to indicate the overall level of compliance for the facility. When a "non-compliant" rating is assessed, provide the date in which a follow-up inspection will be conducted.		

Provision Quick Reference Guide

12. COMPLIANCE STATUS. Refer to the listed provisions for a detailed discussion regarding assessment criteria in each item grouping. Appendix E, Section III of the Tri-Service Food Code provides a summary guide for debiting each item grouping. (Item numbers containing an asterisk * indicates all provisions within the grouping are CRITICAL. Non-critical items within a grouping are scored as critical if the Item Number was marked as non-compliant. Provision numbers that are bolded are CRITICAL requirements.)

1*	9-201.11*	24	9-502.13
2	9-202.11(B)	25*	9-502.11(C)*; 9-502.13(B)*; 9-502.14*
3	9-202.11; 9-203.11	26	3-303.11*; 3-303.12
4	9-102.11; 9-202.13; 9-204.12; 2-301.16; 5-205.11; 6-301.11; 6-301.12	27	4-203.11; 4-203.12; 4-302.12; 4-502.11
5	9-202.12	28*	various in 4-501*, 4-601*, & 4-602*; 4-702.11*; 4-703.11*
6	9-102.11(B); 4-204.119; 4-301.12; 4-301.13; 4-302.14; 4-603.16	29	3-304.16&17; 4-603.17*; 4-901.11; 4-903.11&12; 4-904.11&12
7	9-204.13	30	9-402.10; 4-101.11* thru 4-101.19; 4-102.11*; 4-201.11; 4-201.12*; 4-202.11*; 4-202.16; 4-501.11; 4-501.12; 4-502.11
8	9-204.14; 6-202.11; 6-303.11	31	9-401.11; 4-601.11; 4-602.13
9	9-102.10(C); 9-102.11(E)	32	4-502.12*; 4-502.13; 4-903.11; 4-903.12; 4-904.11
10	9-102.10(C); 9-102.11(D); 5-501.113; 5-501.115; 5-501.116	33	3-304.14; 4-101.16; 4-901.12
11	9-204.11	34*	9-301.11*; 9-303.11*; 5-101.12*; 5-201.11*; 5-202.11*; 5-202.14
12	9-403.11; 6-202.13; 6-202.15; 6-202.16; 6-501.111	35	9-304.11; 9-304.12*
13	9-201.11; 9-403.11; 2-403.11; 6-501.112; 6-501.115	36	9-302.11
14	Chapter 7; 7-201.11*; 7-202.12*; 7-203* thru 7-207*; 7-301.11*	37*	9-303.12*; 9-303.13*
15*	9-102.11*; 9-301.11*; 9-501.11*; Chapter 3* various; 5-101.13*	38	9-103.11*; 2-201.11*; 2-201.12*; 2-201.13*; 2-401.12
16*	3-101.11*; 3-202.11*; 3-202.15*	39	2-401.11; 3-301.12*
17	9-102.11(G); 9-502.11(B) & (C)*; 9-502.16; 3-501.16	40	9-601.11(C); 2-302.11; 2-303.11; 2-304.11; 2-402.11
18*	9-102.11(H)*; 9-502.11*; 3-501.12; 3-501.13	41	9-601.11(B); 2-301.11*; 2-301.12*; 2-301.14*; 2-301.15; 2-301.16
19*	9-502.12*	42	9-601.11
20*	9-502.12*; 9-502.13(D)*	43*	9-204.12*; 3-301.11*
21	9-502.17; 3-302.15; 9-502.17(D)*	44	9-601.11(B); 3-304.15
22	9-102.11; 9-204.11; 9-502.18; 3-302.11*; 3-304.11*; 3-304.15; 3-305.11; 3-305.14; 3-307.11	45	2-101.11*; 2-102.11(A); 2-102.11(B)*; 2-102.11(C) ^S
23*	3-801.11*	46	2-103.11; 2-201.11(A)*; 2-501.11; 2-502.11; 2-503.11; 2-503.12; 2-503.13; 2-505.11