

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

## TACTICAL KITCHEN FOOD SANITATION INSPECTION

<b>13. MILITARY UNIT</b>	<b>14. DATE</b>	<b>15. INSPECTION TYPE</b>	<input type="checkbox"/> Routine	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Complaint
			<input type="checkbox"/> Preoperational	<input type="checkbox"/> Other	

16. TEMPERATURE OBSERVATIONS <i>(Mark the temperature scale used)</i>					
Food Item & Location	Temp °F / °C	Food Item & Location	Temp °F / °C	Food Item & Location	Temp °F / °C

**17. REMARKS** *(Observations and Corrective Actions)*  
 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)*

**IHH**  Check the box if an imminent health hazard (IHH) was found; describe the situation and remediation in this section.

Item Number	

<b>Inspection Rating Criteria:</b> Fully Compliant = no deficiencies Substantially Compliant = no IHH and 2 or less Critical findings corrected on site (COS), and/or 5 or less Non-Critical findings	Partially Compliant = no IHH and 3 or more Critical findings COS, and/or 6 or more Non-Critical findings. Non-Compliant = IHH present, or one or more Critical findings not COS.
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**18. SIGNATURE** Signature on this form represents acknowledgement that the person in charge has been briefed on the deficiencies noted, corrective actions and time frame for completion, the final inspection rating, and date scheduled for follow-up inspection *(non-compliant ratings only)*.

a. INSPECTOR SIGNATURE	b. DATE SIGNED
c. PERSON IN CHARGE SIGNATURE	d. DATE SIGNED

**TACTICAL KITCHEN FOOD SANITATION INSPECTION** *(Continued)*

<b>MILITARY UNIT</b>	<b>DATE</b>	<b>INSPECTION TYPE</b>	<input type="checkbox"/> Routine	<input type="checkbox"/> Follow-up	<input type="checkbox"/> Complaint
			<input type="checkbox"/> Preoperational	<input type="checkbox"/> 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)*

<b>Item Number</b>	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)

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

## INSTRUCTIONS FOR MARKING THE TACTICAL KITCHEN FOOD SANITATION INSPECTION FORM

<p>1. DATE. As stated.</p> <p>2. MILITARY UNIT. Tactical unit conducting food service operations.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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)</p> <p>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.</p> <p>8. START TIME. Time the inspection began; use 24-hour clock notation.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>13. MILITARY UNIT. As stated. (Should match first page)</p> <p>14. DATE. As stated. (Should match first page)</p> <p>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)</p> <p>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 (oF or oC). If more space is needed to document measurements, use the REMARKS section or continuation page.</p> <p>17. REMARKS. Briefly describe specific observations for deficiencies.</p> <p style="margin-left: 20px;">- IHH – Place an "X" in the box if an imminent health hazard was found and describe the situation in the space provided.</p> <p style="margin-left: 20px;">- 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.</p> <p>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 (<i>for non-compliant inspection ratings only.</i>)</p> <p style="margin-left: 20px;"><i>Page Number. Indicate the page number and total number of pages starting on page 1 and on subsequent pages containing inspection data.</i></p>
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### 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*	<b>9-502.11(C)*; 9-502.13(B)*; 9-502.14*</b>
3	9-202.11; 9-203.11	26	<b>3-303.11*</b> ; 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*	<i>various in</i> <b>4-501*</b> , <b>4-601*</b> , & <b>4-602*</b> ; <b>4-702.11*</b> ; <b>4-703.11*</b>
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; <b>4-603.17*</b> ; 4-901.11; 4-903.11&12; 4-904.11&12
7	9-204.13	30	9-402.10; <b>4-101.11*</b> thru 4-101.19; <b>4-102.11*</b> ; 4-201.11; <b>4-201.12*</b> ; <b>4-202.11*</b> ; 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	<b>4-502.12*</b> ; 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*; <b>9-303.11*</b> ; <b>5-101.12*</b> ; <b>5-201.11*</b> ; <b>5-202.11*</b> ; 5-202.14
12	9-403.11; 6-202.13; 6-202.15; 6-202.16; 6-501.111	35	9-304.11; <b>9-304.12*</b>
13	9-201.11; 9-403.11; 2-403.11; 6-501.112; 6-501.115	36	9-302.11
14	Chapter 7; <b>7-201.11*</b> ; <b>7-202.12*</b> ; <b>7-203*</b> thru <b>7-207*</b> ; <b>7-301.11*</b>	37*	<b>9-303.12*</b> ; <b>9-303.13*</b>
15*	<b>9-102.11*</b> ; <b>9-301.11*</b> ; <b>9-501.11*</b> ; Chapter 3* <i>various</i> ; <b>5-101.13*</b>	38	<b>9-103.11*</b> ; <b>2-201.11*</b> ; <b>2-201.12*</b> ; <b>2-201.13*</b> ; 2-401.12
16*	<b>3-101.11*</b> ; <b>3-202.11*</b> ; <b>3-202.15*</b>	39	2-401.11; <b>3-301.12*</b>
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*	<b>9-102.11(H)*</b> ; <b>9-502.11*</b> ; 3-501.12; 3-501.13	41	9-601.11(B); <b>2-301.11*</b> ; <b>2-301.12*</b> ; <b>2-301.14*</b> ; 2-301.15; 2-301.16
19*	<b>9-502.12*</b>	42	9-601.11
20*	<b>9-502.12*</b> ; <b>9-502.13(D)*</b>	43*	<b>9-204.12*</b> ; <b>3-301.11*</b>
21	9-502.17; 3-302.15; <b>9-502.17(D)*</b>	44	9-601.11(B); 3-304.15
22	9-102.11; 9-204.11; 9-502.18; <b>3-302.11*</b> ; <b>3-304.11*</b> ; 3-304.15; 3-305.11; 3-305.14; 3-307.11	45	<b>2-101.11*</b> ; 2-102.11(A); <b>2-102.11(B)*</b> ; <b>2-102.11(C)</b>
23*	<b>3-801.11*</b>	46	2-103.11; <b>2-201.11(A)*</b> ; 2-501.11; 2-502.11; 2-503.11; 2-503.12; 2-503.13; 2-505.11