



STATE OF NEW MEXICO
 ENVIRONMENT DEPARTMENT
 Food Establishment Inspection/Risk Assessment Report

Date:	Time:	Firm:	Permit:	Exp:	Type:	
Status of Establishment: <input type="checkbox"/> Approved <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Immediate Suspension <input type="checkbox"/> Voluntary Closure <input type="checkbox"/> Training Needed		Purpose of Inspection: <input type="checkbox"/> Pre-Opening <input type="checkbox"/> Regular <input type="checkbox"/> Opening <input type="checkbox"/> Follow-up <input type="checkbox"/> Initial <input type="checkbox"/> Complaint <input type="checkbox"/> Investigation <input type="checkbox"/> Closing <input type="checkbox"/> Other			Establishment Location & Phone: _____ _____ _____	
Follow-up Required: <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____		CDC Risk Factors: <input type="checkbox"/> 1. Unsafe Sources: 8M-1,2,4; 9A-1,2,3,4,5,6,7,8,9; 9I-1,2,3,4; 9J <input type="checkbox"/> 2. Inadequate Cooking/Cooling: 9B-5,6,7,8 <input type="checkbox"/> 3. Improper Holding: 9A-10; 9B-1,3,4,9,11; 9C-4,9 <input type="checkbox"/> 4. Contaminated Equipment: 9C-5,14; 9D-3,6,13,14,16,17; 9K-4,12 <input type="checkbox"/> 5. Poor Personal Hygiene: 8H-2,3,4; 9G-1,4,5,6; 9H-1,2,5; 10B-1,6 Miscellaneous: <input type="checkbox"/> 6. Administration: 8I-2,3 <input type="checkbox"/> 7. Plumbing/Waste Disposal: 9F-1,2,3,4,5 <input type="checkbox"/> 8. Storage: 9C-3,11,12,17 <input type="checkbox"/> Other: _____				
High Risk Total # _____ Violations <input type="checkbox"/>						
Comments: _____ _____ _____ _____ _____						
Moderate Risk Total # _____ Violations <input type="checkbox"/>						
CDC Risk Factors: <input type="checkbox"/> 3. Improper Holding: 9B-2,10,12,13 <input type="checkbox"/> 4. Contaminated Equipment: 9C- 13; 9D- 1,2,4,5,7,8,9,10, 11,12,15,18; 9K- 13,14,15; 10A-1,2,4,8,9,10 <input type="checkbox"/> 5. Poor Personal Hygiene: 9G-2,3,7; 9H-6 Miscellaneous: <input type="checkbox"/> 6. Administration: 8A-2; 8B-1,2; 8G-3 <input type="checkbox"/> 9. Animals/Vermin/Openings: 9K-5,6; 10E-1,2,3,4,5 <input type="checkbox"/> 7. Plumbing/Waste Disposal: 9F-7,10,11,12 <input type="checkbox"/> 8. Storage: 9C-2,6,8,10,15,16 <input type="checkbox"/> Other: _____						
Comments: _____ _____ _____ _____ _____						
Low Risk Total # _____ Violations <input type="checkbox"/>						
CDC Risk Factors: <input type="checkbox"/> 4. Contaminated Equipment: 9K-8,9,10; 10A-3,5,6,7; 10B-9 <input type="checkbox"/> 5. Poor Personal Hygiene: 9H-3,4 Miscellaneous: <input type="checkbox"/> 6. Administration: 8A-1; 8B-3,10,11,13,14,15,16,17,18; 8G-1,2; 8K-4,5 <input type="checkbox"/> 9. Animals/Vermin/Openings: 10D-3 <input type="checkbox"/> 10. Floors/Walls/Ceilings: 10B-2,3,4; 10C-1,3,4,5; 10D-1,2 <input type="checkbox"/> 7. Plumbing/Waste Disposal: 9F-6,8,9; 9K-1; 10B-7; 10C-2 <input type="checkbox"/> 8. Storage: 9C-1; 9E-1,2; 9K-2,3,7,11; 10B-8 <input type="checkbox"/> 11. Ventilation/Lighting: 10B-5; 10F-1,2,3; 10G-1,2,3,4 <input type="checkbox"/> Other: _____						
Comments: _____ _____ _____ _____ _____						
Received by: _____			NMED Representative: _____			

Note: Any regulation number may be moved to a different risk level if the immediate situation warrants the change.