

# Environmental Assessment Report (EAR)

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Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Environmentalist(s): \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Date Of Assessment: \_\_\_\_\_

Time: \_\_\_\_\_

DETECT KIT

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### Requested Documents

- Copy of Last Inspection Report
- List of Employees with Contact Information
- Copy of Menu
- Oyster Tags Collected      N/A              Yes              No
- Copy of Food Invoice

### Employee Health and Schedule

Sick Employee Policy? \_\_\_\_\_

Total number of employees: \_\_\_\_\_ How many Employees have diapered family members? \_\_\_\_

Number of sick employees prior to outbreak: \_\_\_\_\_

Proper handwashing occurs?    Yes    No        N/O    Observations: \_\_\_\_\_

Ready to Eat Food handled with: Bare Hands    Gloves    Utensils    Other \_\_\_\_\_

### Menu

Special items served not on menu: \_\_\_\_\_

Suspected food: \_\_\_\_\_

Consumer Advisory Posted:    N/A              Yes              No

### Facility

Walk In Cooler Temp. \_\_\_\_\_ Reach In Cooler Temp. \_\_\_\_\_ Hot Holding Temp. \_\_\_\_\_

Walk In Freezer Temp. \_\_\_\_\_ Reach In Freezer Temp. \_\_\_\_\_ Cold Holding Temp. \_\_\_\_\_

Cook Temps: \_\_\_\_\_

Stem Type Thermometer available:    Yes    No              Calibrated:    Yes    No

Water Supply: Public or Private    (if private request copy of latest well water test results)

Sewage Disposal: Public or Private

