Frozen Dessert Plant Inspection Form
Bureau of Environmental Health Services

Plant Name: ____________________________
Address: ______________________________
Permit Number: _________________________
Date: ________________________________

Types of Products Being Manufactured: ____________________________

To Whom it May Concern:
Based on an inspection this day, the items marked below identify the violations in operations or facilities which must be corrected by a specified date. Correct cleaning and procedure violations immediately.

1. FLOORS:
   - Smooth; impervious; no pools; good repair; trapped drains........................................... (a)

2. WALLS AND CEILINGS:
   - Smooth; washable; light-colored; good repair ................................................................. (a)

3. DOORS AND WINDOWS:
   - All outer openings effectively protected against entry of insects and rodents................. (b)

4. LIGHTING AND VENTILATION:
   - Adequate in all rooms; well ventilated to preclude odors and condensation; filtered air with pressure systems ......................................................... (b)

5. SEPARATE ROOMS:
   - Separate rooms as required; adequate size........................................................................ (a)

6. TOILET FACILITIES:
   - Sewage and other liquid wastes disposed of in a sanitary manner................................. (a)

7. WATER SUPPLY:
   - Complies with bacteriological standards ........................................................................... (g)

8. HAND-WASHING FACILITIES:
   - Located and equipped as required; clean and in good repair............................................. (a)

9. PLANT CLEANLINESS:
   - Neat; clean; no evidence of insects or rodents; trash properly handled........................ (a)

10. SANITARY PIPING:
    - Smooth; impervious, corrosion-resistant, non-toxic, easily cleanable materials; good repair; accessible for inspection ................................................ (a)

11. CONSTRUCTION AND REPAIR OR CONTAINERS/EQUIPMENT:
    - Smooth, impervious, corrosion-resistant, non-toxic, easily cleanable materials; good repair; accessible for inspection ................................................ (a)

12. CLEANING AND SANITIZING OF CONTAINERS/EQUIPMENT:
    - Containers, utensils, and equipment effectively cleaned...................................................... (a)

13. STORAGE OF CLEANED CONTAINERS AND EQUIPMENT:
    - Clean, well agitated and ventilated; proper tags maintained.............................................. (a)

14. PRETECTION FROM CONTAMINATION:
    - Operations conducted and located so as to preclude contamination of processed products, ingredients, containers, equipment, and surfaces ..................(a)

15. PRODUCT CLEANLINESS:
    - Neat, clean; free of pooled water, harborage, and breeding areas.................................... (b)

16. PASTEURIZATION-BATCH:
    (1) PASTEURIZATION-THERMOMETERS:
        - Comply with regulation specifications ............................................................................. (a)

    (2) TIME AND TEMPERATURE CONTROLS:
        - Adequate time, temperature, or both; adequate time for initial heating.............................. (a)

        - Each pasteurizer equipped with indicating and recording thermometers; bulb submerged .......................................................... (b)

Remarks (If additional space is required, please place information on the back of this Form.)

Facility Owner/Manager: ____________________________
Health Authority: ____________________________
Phone: ____________________________

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL