

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION
BEVERAGE PLANT INSPECTION REPORT**

1. ESTABLISHMENT NAME AND ADDRESS <i>(Include ZIP code)</i>	2. DATE INSPECTED
	3. STATE LICENSE OR PERMIT NUMBER
4. NAME OF OWNER	5. TELEPHONE NUMBER <i>(Include Area Code)</i>
6. NAME OF MANAGER	7. TELEPHONE NUMBER <i>(Include Area Code)</i>

INSTRUCTIONS: Answer the following questions by checking the appropriate box. Explain "No", answers on continuation sheet(s). Precede each explanation with the item number. Use "N/A" where questions are Not Applicable.

NO.	STORAGE CONDITIONS	YES	NO
1.	Is water supply used for manufacturing purposes from an approved source and of satisfactory quality		
2.	Are stocks of liquid and/or dry sugar stored under conditions which prevent adulteration by rodents, insects, mold, etc.		
3.	Are beverage bases, concentrates, colors, flavors, and other raw materials stored in clean containers, which are properly identified and adequately protect contents		
4.	Are new bottles, cans, and crowns stored off the floor and protected from contamination		
5.	Are finished products sufficiently separated from mixing and filling areas so that contamination will not occur		
6.	Is plant free from evidence of domestic pets, rodent, insect or bird activity		

MANUFACTURING PROCESSES

7.	Are tanks, vats, transfer lines, mixers, and other equipment used for mixing, storage, and transfer of syrups constructed of smooth, impervious, non-toxic materials		
8.	Does firm adequately clean and sanitize syrup mixing and transfer equipment before use		
9.	Is syrup room clean, in good repair, and generally free of potential contaminants		
10.	Are single-use containers rinsed or inspected prior to filling		
11.	Are product lines and equipment maintained in a mold-free condition		
12.	Are multi-use bottles inspected for filth or foreign objects after wash, but prior to fill		
13.	Are returned multi-use bottles containing foreign objects or excessive filth rejected prior to entering the washer		
14.	Is bottle washer operating properly with respect to water pressure and temperature, soak time, caustic concentration, mechanical brushing, and rinsing		
15.	Are filling and capping operations conducted under satisfactory sanitary conditions		

INSPECTION CRITERIA

NO.	MANUFACTURING PROCESSES (Cont.)	YES	NO
16.	Are bottled beverage production lines operating without apparent excessive glass breakage		
17.	Does post-fill inspection procedure (<i>visual or mechanical</i>) appear to be effective		
18.	Were food/color additives or pesticides used properly		
19.	Do labels of products covered during inspection comply with Fair Packaging and Labeling Act		
20.	Does examination of warehouse stock reveal finished product to be free of mold or other visible filth		

BUILDING AND GROUNDS

21.	Are outside premises free from spillage, trash, etc., which may attract or harbor rodents or other pests		
22.	Is building of suitable construction and generally in good physical repair		
23.	Are doors and windows leading to outside in good repair, tight-fitting, and closed or screened adequately		
24.	Are processing and storage areas adequately lighted, ventilated, and reasonably free of odors and condensation		
25.	Are floors, walls, and ceilings clean and in good repair		
26.	Does firm maintain a regular cleaning schedule covering both processing and storage areas		
27.	Are insecticides and rodenticides properly used and stored		

TRANSPORTATION PRACTICES

28.	Are vehicles used to transport finished products adequate, clean, and in good repair		
29.	Are finished products adequately protected from adulteration during transport		

TOILETS, DRESSING ROOMS, AND EMPLOYEES

30.	Are toilets and dressing rooms in good repair, clean, properly ventilated, and adequately separated from processing areas		
31.	Are handwashing facilities clean and provided with hot water, soap and approved sanitary towels		
32.	Are employees clean and properly clothed (<i>including head covers</i>)		
33.	Do employee practices appear to be satisfactory		

CORRECTIONS AND SAMPLES

34.	If any corrections were made during this inspection or as a result of a previous inspection (<i>including voluntary destructions, capital improvements, etc.</i>), complete Voluntary Correction section of cover sheet Form FDA 481 (E) - CG.		
35.	If any samples were collected, list sample numbers and briefly describe samples.		

DISCUSSION WITH MANAGEMENT

Indicate individual with whom inspection was discussed. Identify official (name and title) having authority to authorize corrections. Record any recommendations and/or warnings given, and management's responses.

CONTINUATION SHEET

(Use additional sheets as appropriate.)

SIGNATURE OF INSPECTOR

DATE