

ON-SALE PREMISES INSPECTION SHEET

		TYPE OF INSPECTION <input type="checkbox"/> IMPACT <input type="checkbox"/> ROSTF <input type="checkbox"/> Other	
DATE AND TIME OF VISIT		DBA	
LICENSEE		LICENSE POSTED (Section 24046 B&P) <input type="checkbox"/> Yes <input type="checkbox"/> No	
ABC LICENSE NUMBER	PREMISES PHONE NUMBER	CONDITIONS AVAILABLE (Sections 23800 - 23805 B&P) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
PREMISES ADDRESS		MAILING ADDRESS	
PERSON CONTACTED		MANAGER'S NAME	
DAYS/HOURS OF OPERATION		MANAGER HAS BEEN QUALIFIED BY ABC (Rule 57.6 CCR) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
NUMBER OF EMPLOYEES ON PAYROLL		WEAPONS	

Compliance Check

DRUG PARAPHERNALIA (Section 11364.7[b] H&S) <input type="checkbox"/> Notice Given (ABC-546-A) <input type="checkbox"/> None Observed	RETAIL-TO-RETAIL (Section 23402 B&P) <input type="checkbox"/> Violation <input type="checkbox"/> No Violation
FOOD SERVICE (Section 23038 B&P) (T-41, 47 and T-75 Only) <input type="checkbox"/> Violation <input type="checkbox"/> No Violation <input type="checkbox"/> N/A	SLOT MACHINES (Section 330[a] PC) <input type="checkbox"/> Violation <input type="checkbox"/> No Violation
GRAFFITI (Section 25612.5[c][6] B&P) (T-40, 42, 48 & 61 Only) <input type="checkbox"/> Violation <input type="checkbox"/> No Violation <input type="checkbox"/> N/A	LITTER (Section 25612.5[c][5] B&P) (T-40, 42, 48 & 61 Only) <input type="checkbox"/> Violation <input type="checkbox"/> No Violation <input type="checkbox"/> N/A
"NO PERSON UNDER 21 ALLOWED" SIGNS (Rule 107 CCR) (T-42, 48 & 61 Only) <input type="checkbox"/> Violation <input type="checkbox"/> No Violation <input type="checkbox"/> N/A	EXTERIOR LIGHTING (Section 25612.5[c][4] B&P) (T-40, 42, 48 & 61 Only) <input type="checkbox"/> Violation <input type="checkbox"/> No Violation
OPERATING STANDARDS COPY ON PREMISES (Section 25612.5[c][10] B&P) (T-40, 42, 48 & 61 Only) <input type="checkbox"/> Violation <input type="checkbox"/> No Violation <input type="checkbox"/> N/A	"CANCER/PREGNANCY WARNING" SIGNS (Sections 12601[b][1][D][1] and 12601[b][4][E] CCR) <input type="checkbox"/> Posted <input type="checkbox"/> Not Posted
"NO OPEN CONTAINER" SIGNS (Section 25612.5[c][2] B&P) (T-40, 42, 48 & 61 Only) (Violation only if licensee received prior notice from ABC to comply) <input type="checkbox"/> Violation <input type="checkbox"/> No Violation <input type="checkbox"/> N/A	"NO LOITERING" SIGNS (Section 25612.5[c][1] B&P) (T-40, 42, 48 & 61 Only) (Violation only if licensee received prior notice from ABC to comply) <input type="checkbox"/> Violation <input type="checkbox"/> No Violation <input type="checkbox"/> N/A
INDOOR WORKPLACE SMOKING (Section 6404.5 LC) (Notify DHS of violation) <input type="checkbox"/> Violation-Employee <input type="checkbox"/> Violation-Patron <input type="checkbox"/> No Violation	"NOTICE TO CUSTOMERS" SIGNS (Section 25658.6[b]) <input type="checkbox"/> Violation <input type="checkbox"/> No Violation

SUBJECTS DISCUSSED WITH LICENSEE OR EMPLOYEE

RECOMMENDATION:

Letter of Warning
 24200(e) Letter
 Other Follow-up

I, _____, received the above information.

Signature of Licensee or Agent X _____

ABC AGENT	OFFICER/DEPUTY
OFFICE	AGENCY

Follow-up Inspection

INSPECTION #1 - REPORT OF FINDINGS:

ADDITIONAL INSPECTIONS NEEDED <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICER/INVESTIGATOR	DATE
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INSPECTION #2 - REPORT OF FINDINGS:

ADDITIONAL INSPECTIONS NEEDED <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFICER/INVESTIGATOR	DATE
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INSPECTION #3 - REPORT OF FINDINGS:

OFFICER/INVESTIGATOR RECOMMENDATION:

OFFICER/INVESTIGATOR	AGENCY	DATE
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**PENNSYLVANIA STATE POLICE
EATING PLACE/HOTEL/RESTAURANT
ROUTINE INSPECTION**

VIOLATIONS OBSERVED	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

INSPECTION DATES & TIMES			INCIDENT NO.

PLCB LICENSE INFORMATION				
NAME			LID	LICENSE NO.
TRADING AS			EXPIRATION DATE	<input type="checkbox"/> AP/AM <input type="checkbox"/> SS <input type="checkbox"/> EHF
STREET ADDRESS			LICENSE PROPERLY POSTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY	ZIP	COUNTY	TELEPHONE NO.	DAYS & HOURS OF OPERATION

CORPORATE OFFICER(S) AND/OR EMPLOYEES IN CHARGE		LICENSED PREMISES IS CONNECTED TO	
		ANY RESIDENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO
		OTHER BUSINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO
		PLACE OF AMUSEMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT MANAGER		ANOTHER BUSINESS CONDUCTED ON THE PREMISES (IF YES, ATTACH DIAGRAM)	<input type="checkbox"/> YES <input type="checkbox"/> NO

CIAA/CIWPL		HEALTH LICENSE	
CIAA/CIWPL EXCEPTION	<input type="checkbox"/> YES <input type="checkbox"/> NO	HEALTH PERMIT/LICENSE	<input type="checkbox"/> YES <input type="checkbox"/> NO
CIAA/CIWPL SIGNAGE POSTED	<input type="checkbox"/> YES <input type="checkbox"/> NO	HEALTH PERMIT/LICENSE POSTED	<input type="checkbox"/> YES <input type="checkbox"/> NO
EFFECTIVE/EXPIRATION DATE		EFFECTIVE/EXPIRATION DATE	HEALTH PERMIT ISSUING AUTHORITY

PREMISES			
ADEQUATE LIGHTING	<input type="checkbox"/> YES <input type="checkbox"/> NO	FOOD PREPARATION EQUIPMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
TAPS PROPERLY LABELED	<input type="checkbox"/> YES <input type="checkbox"/> NO	SUFFICIENT FOOD	<input type="checkbox"/> YES <input type="checkbox"/> NO
DISPENSING SYSTEM CLEANED EVERY 7 DAYS	<input type="checkbox"/> YES <input type="checkbox"/> NO	SEATING FOR 30 PATRONS	<input type="checkbox"/> YES <input type="checkbox"/> NO
DISPENSING SYSTEM CLEANING RECORDS PROPERLY MAINTAINED	<input type="checkbox"/> YES <input type="checkbox"/> NO	SUFFICIENT COOKING UTENSILS/EATING UTENSILS/DISHES/GLASSES	<input type="checkbox"/> YES <input type="checkbox"/> NO
REFILLED/CONTAMINATED LIQUOR	<input type="checkbox"/> YES <input type="checkbox"/> NO	SUFFICIENT AREA (E = 300 SQ FT/R = 400 SQ FT)	<input type="checkbox"/> YES <input type="checkbox"/> NO

FINANCIAL RECORDS		HOTEL INSPECTION - <input type="checkbox"/> N/A	
RECORDS MAINTAINED 2 YEARS	<input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL NUMBER OF BEDROOMS REQUIRED	
BEER & LIQUOR (MONTHLY GROSS)	\$	NUMBER OF BEDROOMS SUFFICIENTLY FURNISHED	
FOOD (MONTHLY GROSS)	\$	NUMBER OF BEDROOMS AVAILABLE FOR TRANSIENT GUESTS	
AVERAGE MONTHLY GROSS	\$	KITCHEN APART FROM DINING ROOM	<input type="checkbox"/> YES <input type="checkbox"/> NO

RAMP CERTIFICATION MANDATED/MAINTAINED	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, COMPLETE RAMP INVESTIGATION WORKSHEET, FORM LCE 1-041
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REMARKS	

LICENSEE/EMPLOYEE NAME (PRINT)	TITLE/POSITION
SIGNATURE	DATE

ENFORCEMENT OFFICER NAME (PRINT)	BADGE NO.	SUPV. INITIALS/ BADGE/DATE
SIGNATURE	DATE	