**FOOD FACILITY INSPECTION REPORT**

Date: 9-13-12
Time In: 2
Time Out:

**Facility Name:** Bay View Cafe
**Address:** LHS

**Permit #:**
**Exp. Date:**
**Permit Holder:** Cal Dining
**Type of Inspector:**

<table>
<thead>
<tr>
<th>IN</th>
<th>N/O</th>
<th>N/A</th>
<th>COS</th>
<th>MAJ</th>
<th>OUT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>Food safety certification</td>
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<td>2.</td>
<td></td>
<td>Communicable disease: reporting, restrictions &amp; exclusions</td>
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<td>3.</td>
<td></td>
<td>No discharge from eyes, nose &amp; mouth</td>
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<td>4.</td>
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<td>Proper eating, tasting, drinking or tobacco use</td>
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<td>5.</td>
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<td>Hands clean &amp; properly washed; gloves properly used</td>
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<td>6.</td>
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<td>Adequate hand washing facilities supplied &amp; accessible</td>
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<td>7.</td>
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<td>Proper hot and cold holding temperatures</td>
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<td>8.</td>
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<td>Time as a public health control: procedures &amp; records</td>
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<td>9.</td>
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<td>Proper cooling methods</td>
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<td>10.</td>
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<td>Proper cooking time &amp; temperatures</td>
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<td>11.</td>
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<td>Proper reheating procedures for hot holding</td>
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<td>12.</td>
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<td>Returned &amp; reservice of food</td>
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<td>13.</td>
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<td>Food in good condition, safe &amp; unadulterated</td>
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<td>14.</td>
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<td>Food contact surfaces: clean &amp; sanitized</td>
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</table>

**Supervision**

24. Person in charge present & performs duties
25. Personal cleanliness & hair restraints
26. Approved thawing methods used; frozen food
27. Food separated & protected
28. Fruits & vegetables washed
29. Toxic substances properly identified, stored & used

**Food Storage/Service/Display**

30. Food storage containers identified
31. Consumer self-service
32. Food properly labeled & honestly presented
33. Equipment; utensils, linens; properly used & stored
34. Warewashing facilities: installed, maintained & used; test strips
35. Equipment & utensils: approved, installed & clean; good repair; capacity
36. Equipment, utensils & linens: properly used & stored
37. Vending machines
38. Adequate ventilation & lighting; designated areas, use
39. Thermometers: provided & accurate
40. Wiping cloths: properly used & stored

**Physical Facilities**

41. Plumbing: proper backflow devices; leaks
42. Garbage & refuse: properly disposed; facilities maintained
43. Toilet facilities: properly constructed, supplied & cleaned
44. Premises, personal/cleaning items, vermin-prooiling

**Permanen Food Facilities**

45. Floors, walls & ceilings: built, maintained & cleaned
46. No unapproved private homes/living or sleeping quarters

**Signs/Réquirements**

47. Signs posted; last inspection report available

**Compliance & Enforcement**

48. Plan review
49. Permits available
50. Indigenous
51. Permit suspension

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Received by (print): [Signature]
Received by (signature): [Signature]
Title: [Signature]
Phone: [Signature]

Post the Food Safety Certificate!