FOOD FACILITY INSPECTION REPORT

Date: 9-12-16

IN = In compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site MAJ = Major violation OUT = Out of compliance

DEMONSTRATION OF KNOWLEDGE

1. Food safety certification
   Food Safety Certification Name: N/A
   Expiration Date: N/A

EMPLOYEE HEALTH & HYGIENIC PRACTICES

2. Communicable disease: reporting, restrictions & exclusions
3. No discharge from ears, nose & mouth
4. Proper eating, tasting, drinking or tobacco use
5. Hands clean & properly washed; gloves properly used
6. Adequate hand washing facilities supplied & accessible
7. Proper hot and cold holding temperatures
8. Time as a public health control; procedures & records
9. Proper cooling methods
10. Proper cooking time & temperatures
11. Proper reheating procedures for hot holding

TIME & TEMPERATURE RELATIONSHIPS

12. Returned & reservice of food
13. Food in good condition, safe & unadulterated
14. Food contact surfaces: clean & sanitized

PROTECTION FROM CONTAMINATION

Sanitizer type:
- chlorine
- quaternary ammonium
- hot water
- other
Sanitizer concentration (ppm):

15. Food obtained from approved sources
16. Compliance with shelf stock tags, condition & display
17. Compliance with Gull Oyster Regulations

CONFORMANCE WITH APPROVED PROCEDURES

18. Compliance with variance, specialized processes, reduced oxygen packaging & HACCP plan

CONSUMER ADVISORY

19. Consumer advisory provided for raw/undercooked foods

HIGHLY SUSCEPTIBLE POPULATIONS

20. Licensed healthcare facilities/public & private schools; prohibited foods not offered

HOT WATER / COLD WATER

21. Hot & cold water available:
   Cold temp. (°F):
   Hot temp. (°F):

LIQUID WASTE DISPOSAL

22. Sewage & wastewater properly disposed

VERMIN

23. No rodents, insects, birds or animals

See reverse side for the code sections and general requirements that correspond to each violation listed above.

IN = In compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site MAJ = Major violation OUT = Out of compliance

REINSPECTION DATE

No significant Health Code Violation

Received by (print): [Signature]

Received by (signature): [Signature]

Title:

Specialist (print): [Signature]

Specialist (signature): [Signature]

Phone:

p. 1 of 1