### Food Facility Inspection Report

**Facility Name:** Golden Beer  
**Address:** Chaviz S Student Ctr  
**Type of Inspection:** Routine

<table>
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<th>IN</th>
<th>N/O</th>
<th>N/A</th>
<th>COS</th>
<th>MAJ</th>
<th>OUT</th>
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#### Demonstration of Knowledge

- **Food Safety Certification**
  - Food Safety Certification Name:
  - Expiration Date:

#### Employee Health & Hygienic Practices
- **Communicable disease:** Reporting, restrictions & exclusions
- **No discharge from eyes, nose & mouth**
- **Proper eating, tasting, drinking or tobacco use**

#### Preventing Contamination by Hands
- **Hands clean & properly washed; gloves properly used**
- **Adequate hand washing facilities supplied & accessible**

#### Time & Temperature Relationships
- **Proper hot and cold holding temperatures**
- **Time as a public health control; procedures & records**
- **Proper cooling methods**
- **Proper cooking time & temperatures**
- **Proper reheating procedures for hot holding**

#### Protection from Contamination
- **Returned & reserve of food**
- **Food in good condition, safe & unadulterated**
- **Food contact surfaces:** Clean & sanitized

#### Food from Approved Sources
- **Food obtained from approved sources**
- **Compliance with shell stock tags, condition & display**
- **Compliance with Gulf Oyster Regulations**

#### Conformance with Approved Procedures
- **Compliance with variance, specialized processes, reduced oxygen packaging & HACCP plan**

#### Consumer Advisory
- **Consumer advisory provided for raw/undercooked foods**

#### Highly Susceptible Populations
- **Licensed health care facilities; public & private schools; prohibited foods not offered**

#### Hot Water / Cold Water
- **Hot & cold water available:**
  - Cold temp. (°F)
  - Hot temp. (°F)
- **Liquid Waste Disposal**

#### Sewage & Wastewater properly disposed

#### Vermin
- **No rodents, insects, birds or animals**

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

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Received by (print):

Received by (signature):

Title:

Specialist (print):

Specialist (signature):

Phone:

Clean walk-in cooler walls.

REINSPECTION DATE