## FOOD FACILITY INSPECTION REPORT

**Date:** 6-19-18

**Facility Name:** LHS Cafe

**Address:** LHS

**Team:**

### 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

24. **Person in charge present & performs duties**

#### EMPLOYEE HEALTH & HYGIENIC PRACTICES

25. **Personal cleanliness & hair restraints**

#### GENERAL FOOD SAFETY REQUIREMENTS

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**

#### EQUIPMENT/ UTENSILS/ LINENS

33. **Nonfood-contact surfaces clean**

34. **Wear washing 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-proofing**

#### PERMANENT FOOD FACILITIES

45. **Floors, walls & ceilings: built, maintained & cleaned**

46. **No unapproved private homes/ living or sleeping quarters**

### CONSUMER ADVISORY

47. **Signs posted; last inspection report available**

### CONFORMITY WITH APPROVED PROCEDURES

48. **Plan review**

49. **Permits available**

50. **Impoundment**

51. **Permit suspension**

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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):**

**Signature:**

**Title:** General Manager

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**Specialist (print):**

**Signature:**

**Phone:**

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**Reinspection Date:** 10-1-19