**FOOD FACILITY INSPECTION REPORT**

**Date:** 8/16/2021  
**Time In:**  
**Time Out:**

**Facility Name:** BOWLES HALL DINING COMMONS  
**Address:**  
**Permit #:**  
**Exp. Date:**  
**Permit Holder:**  
**Type of Inspection:** ROUTINE INSPECTION

<table>
<thead>
<tr>
<th>IN = In compliance</th>
<th>N/O = Not observed</th>
<th>N/A = Not applicable</th>
<th>COS = Corrected on-site</th>
<th>MAJ = Major violation</th>
<th>OUT = Out of compliance</th>
</tr>
</thead>
</table>

**DEMONSTRATION OF KNOWLEDGE**

**Employee Health & Hygienic Practices**

1. Communicable disease: reporting, restrictions & exclusions
2. Proper eating, tasting, drinking or tobacco use
3. No discharge from eyes, nose & mouth
4. Hands clean & properly washed; gloves properly used
5. Adequate hand washing facilities supplied & accessible

**Time & Temperature Relationships**

1. Proper hot and cold holding temperatures
2. Time as a public health control; procedures & records
3. Proper cooling methods
4. Proper cooking time & temperatures
5. Proper reheating procedures for hot holding

**Protection From Contamination**

1. Returned & reserved food
2. Food in good condition, safe & unadulterated
3. Food contact surfaces: clean & sanitized
4. Food obtained from approved sources
5. Compliance with shell stock tags, condition & display
6. Compliance with Gulf Oyster Regulations

**Conformance With Approved Procedures**

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

**CONSUMER ADVISORY**

1. Consumer advisory provided for raw/undercooked foods

**HIGHLY SUSCEPTIBLE POPULATIONS**

1. Licensed health care facilities; public & private schools; prohibited foods not offered

**HOT WATER / COLD WATER**

1. Hot & cold water available; cold temp. (°F)

**LIQUID WASTE DISPOSAL**

1. Sewage & wastewater properly disposed

**VERMIN**

1. No rodents, insects, birds or animals

---

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

Received by (print):  
Specialist (print):  
Specialist (signature):  
Tel.: 505-690-3026

**PASS**

Reinpection Date:

---

Paul Gentile  
Muzna Rauf

---

p. 1 of 2
OBSERVATIONS & CORRECTIVE ACTIONS

14. Observed buildup of black residue on inside panel of ice machine.

33. Observed dirty door gasket to Trautsen freezer.

35. Observed torn door gasket to Artic Air freezer.

43. Observed toilet paper stored on top of the dispenser inside the restroom.