

FOOD FACILITY INSPECTION REPORT

Date:	4/20/18
Time In:	
Time Out:	

Facility Name:	Brown Cafe	Address:	2101 University Av
Permit #:		Exp. Date:	
Permit Holder:	P. Robin	Type of Inspection:	Routine

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											
IN	N/O	1. Food safety certification									
		Food Safety Certification Name:	Alex Post		Expiration Date:						
EMPLOYEE HEALTH & HYGIENIC PRACTICES											
IN	N/O	2. Communicable disease: reporting, restrictions & exclusions									
IN	N/O	3. No discharge from eyes, nose & mouth									
IN	N/O	4. Proper eating, tasting, drinking or tobacco use									
PREVENTING CONTAMINATION BY HANDS											
IN	N/O	5. Hands clean & properly washed; gloves properly used									
IN	N/O	6. Adequate hand washing facilities supplied & accessible									
TIME & TEMPERATURE RELATIONSHIPS											
IN	N/O	7. Proper hot and cold holding temperatures									
IN	N/O	8. Time as a public health control: procedures & records									
IN	N/O	9. Proper cooling methods									
IN	N/O	10. Proper cooking time & temperatures									
IN	N/O	11. Proper reheating procedures for hot holding									
PROTECTION FROM CONTAMINATION											
IN	N/O	12. Returned & reservice of food									
IN	N/O	13. Food in good condition, safe & unadulterated									
IN	N/O	14. Food contact surfaces: clean & sanitized									
		sanitizer type:	Bleach		location:						
		<input type="checkbox"/> chlorine	<input type="checkbox"/> quaternary ammonium	<input type="checkbox"/> hot water	<input type="checkbox"/> other:						
		sanitizer concentration (ppm):									
FOOD FROM APPROVED SOURCES											
IN	N/O	15. Food obtained from approved sources									
IN	N/O	16. Compliance with shell stock tags, condition & display									
IN	N/O	17. Compliance with Gulf Oyster Regulations									
CONFORMANCE WITH APPROVED PROCEDURES											
IN	N/A	18. Compliance with variance, specialized processes, reduced oxygen packaging & HACCP plan									
CONSUMER ADVISORY											
IN	N/O	19. Consumer advisory provided for raw/ undercooked foods									
HIGHLY SUSCEPTIBLE POPULATIONS											
IN	N/A	20. Licensed health care facilities/ public & private schools; prohibited foods not offered									
HOT WATER/ COLD WATER											
IN	N/A	21. Hot & cold water available:									
		cold temp. (°F)	> 120		hot temp. (°F)						
LIQUID WASTE DISPOSAL											
IN	N/A	22. Sewage & wastewater properly disposed									
VERMIN											
IN	N/A	23. No rodents, insects, birds or animals									
SUPERVISION											
24. Person in charge present & performs duties											
PERSONAL CLEANLINESS											
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. 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-proofing											
PERMANENT FOOD FACILITIES											
45. Floors, walls & ceilings: built, maintained & cleaned											
46. No unapproved private homes/ living or sleeping quarters											
SIGNS/ REQUIREMENTS											
47. Signs posted; last inspection report available											
COMPLIANCE & ENFORCEMENT											
48. Plan review											
49. Permits available											
50. Impoundment											
51. Permit suspension											

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

Received by (print):	Received by (signature):	Title:
Specialist (print):	Specialist (signature):	Phone:

REINSPECTION DATE

FOOD FACILITY INSPECTION REPORT

Date: 4/20/18

Brazil Cafe

TEMPERATURE CONTROL

Documentation required for all facilities with PHF NO PHF Inspector Thermometer #:

Type of Food	Temp. (°F)	Violation (P)	Process/ Holding Location	Food Discarded (amount)	Type of Food	Temp. (°F)	Violation (P)	Process/ Holding Location	Food Discarded (amount)
<i>food</i>		<i>temp only</i>							

OBSERVATIONS & CORRECTIVE ACTIONS

- ① Remove tin foil lining the shelf above food prep table.
- ② Do not store knives in the gap between shelf bracket and shelf. Use a magnetic strip mounted to the wall.
- ③ Provide plastic covers for lights.
- ④ Text copy of manager's food safety certificate to 510. 812. 8035