**FOOD FACILITY INSPECTION REPORT**

**Facility Name:** CKC Dining  
**Address:** CKC  
**Permit #:**  
**Exp. Date:**  
**Permit Holder:**  
**Type of Inspection:**  
**Date:** 2/18/21  
**Time In:**  
**Time Out:**

**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

- **Food Safety Certification Name:**  
  **Expiration Date:** 8/2021

### EMPLOYEE HEALTH & HYGIENIC PRACTICES

- **Communicable disease:** reporting, restrictions & exclusions  
- **No discharge from eyes, nose & mouth**

### PREVENTING CONTAMINATION BY HANDS

- **Hands clean & properly washed:** gloves properly used

### TIME & TEMPERATURE RELATIONSHIPS

- **Proper hot and cold holding temperatures**
- **Time as a public health control:** procedures & records

### PROTECTION FROM CONTAMINATION

- **Returned & reserve of food**
- **Food in good condition:** safe & unadulterated

### FOOD 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**

### SANITATION

- **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**

### SUPERVISION

- **Person in charge present & performs duties**

### PERSONAL CLEANLINESS

- **Personal cleanliness & hair restraints**

### GENERAL FOOD SAFETY REQUIREMENTS

- **Approved thawing methods, frozen food**
- **Food separated & protected**
- **Fruits & vegetables washed**
- **Toxic substances properly identified, stored & used**

### FOOD STORAGE/SERVICE/DISPLAY

- **Food storage containers identified**
- **Consumer self-service**
- **Food properly labeled & honestly presented**

### EQUIPMENT/UTENSILS/LINENS

- **Nonfood-contact surfaces clean**
- **Warewashing facilities:** installed, maintained & used; test strips
- **Equipment & utensils:** approved, installed & clean; good repair; capacity
- **Equipment, utensils & linens:** properly used & stored
- **Vending machines**
- **Adequate ventilation & lighting:** designated areas, use
- **Thermometers:** provided & accurate
- **Wiping cloths:** properly used & stored

### PHYSICAL FACILITIES

- **Plumbing:** proper backflow devices, leaks
- **Garbage & refuse:** properly disposed; facilities maintained
- **Toilet facilities:** properly constructed, supplied & cleaned
- **Premises:** personal/cleaning items; vermin-proofing

### PERMANENT FOOD FACILITIES

- **Floors, walls & ceilings:** built, maintained & cleaned
- **No unapproved private homes/living or sleeping quarters**

### SIGNS/REQUIREMENTS

- **Signs posted:** last inspection report available

### COMPLIANCE & ENFORCEMENT

- **Plan review**
- **Permits available**
- **Impoundment**
- **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):  
Received by (signature):  
Title:  
Specialist (print):  
Specialist (signature):  
Phone:  

**REINSPECTION DATE**

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PASS

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