

# FOOD FACILITY INSPECTION REPORT

Date: 6-19-18  
 Time In:  
 Time Out:

Facility Name: LHS Cafe Address: LHS  
 Permit #: Exp. Date: Permit Holder: LHS 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

		COS	MAJ	OUT
<b>DEMONSTRATION OF KNOWLEDGE</b>				
IN	N/O			
1. Food safety certification				
Food Safety Certification Name: <u>[Signature]</u>				
Expiration Date:				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
<input checked="" type="checkbox"/>				
2. Communicable disease: reporting, restrictions & exclusions				
<input checked="" type="checkbox"/>	N/O			
3. No discharge from eyes, nose & mouth				
<input checked="" type="checkbox"/>	N/O			
4. Proper eating, tasting, drinking or tobacco use				
<b>PREVENTING CONTAMINATION BY HANDS</b>				
<input checked="" type="checkbox"/>	N/O			
5. Hands clean & properly washed; gloves properly used				
<input checked="" type="checkbox"/>				
6. Adequate hand washing facilities supplied & accessible				
<b>TIME &amp; TEMPERATURE RELATIONSHIPS</b>				
<input checked="" type="checkbox"/>	N/O			
7. Proper hot and cold holding temperatures				
<input checked="" type="checkbox"/>	N/A			
8. Time as a public health control: procedures & records				
<input checked="" type="checkbox"/>	N/A			
9. Proper cooling methods				
<input checked="" type="checkbox"/>	N/A			
10. Proper cooking time & temperatures				
<input checked="" type="checkbox"/>	N/O			
11. Proper reheating procedures for hot holding				
<b>PROTECTION FROM CONTAMINATION</b>				
<input checked="" type="checkbox"/>	N/A			
12. Returned & reservice of food				
<input checked="" type="checkbox"/>				
13. Food in good condition, safe & unadulterated				
<input checked="" type="checkbox"/>	N/O			
14. Food contact surfaces: clean & sanitized				
Sanitizer type:				
<input type="checkbox"/> chlorine <input checked="" type="checkbox"/> quaternary ammonium <input type="checkbox"/> hot water <input type="checkbox"/> other:				
Sanitizer concentration (ppm): <u>200 ppm</u> location: <u>3-cup</u>				
<b>FOOD FROM APPROVED SOURCES</b>				
<input checked="" type="checkbox"/>				
15. Food obtained from approved sources				
<input checked="" type="checkbox"/>	N/O			
16. Compliance with shell stock tags, condition & display				
<input checked="" type="checkbox"/>	N/A			
17. Compliance with Gulf Oyster Regulations				
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
<input checked="" type="checkbox"/>	N/A			
18. Compliance with variance, specialized processes, reduced oxygen packaging & HACCP plan				
<b>CONSUMER ADVISORY</b>				
<input checked="" type="checkbox"/>	N/A			
19. Consumer advisory provided for raw/ undercooked foods				
<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>				
<input checked="" type="checkbox"/>	N/A			
20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
<b>HOT WATER/ COLD WATER</b>				
<input checked="" type="checkbox"/>				
21. Hot & cold water available: <u>Hot &amp; Cold</u>				
cold temp. (°F) <u>70</u> hot temp. (°F) <u>180</u>				
<b>LIQUID WASTE DISPOSAL</b>				
<input checked="" type="checkbox"/>				
22. Sewage & wastewater properly disposed				
<b>VERMIN</b>				
<input checked="" type="checkbox"/>				
23. No rodents, insects, birds or animals				

		OUT
<b>SUPERVISION</b>		
<input checked="" type="checkbox"/>		
24. Person in charge present & performs duties		
<b>PERSONAL CLEANLINESS</b>		
<input checked="" type="checkbox"/>		
25. Personal cleanliness & hair restraints		
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>		
<input checked="" type="checkbox"/>		
26. Approved thawing methods used, frozen food		
<input checked="" type="checkbox"/>		
27. Food separated & protected		
<input checked="" type="checkbox"/>		
28. Fruits & vegetables washed		
<input checked="" type="checkbox"/>		
29. Toxic substances properly identified, stored & used		
<b>FOOD STORAGE/ SERVICE/ DISPLAY</b>		
<input checked="" type="checkbox"/>		
30. Food storage containers identified		
<input checked="" type="checkbox"/>		
31. Consumer self-service		
<input checked="" type="checkbox"/>		
32. Food properly labeled & honestly presented		
<b>EQUIPMENT/ UTENSILS/ LINENS</b>		
<input checked="" type="checkbox"/>		
33. Nonfood-contact surfaces clean		
<input checked="" type="checkbox"/>		
34. Warewashing facilities: installed, maintained & used; test strips		
<input checked="" type="checkbox"/>		
35. Equipment & utensils: approved, installed & clean; good repair; capacity		
<input checked="" type="checkbox"/>		
36. Equipment, utensils & linens: properly used & stored		
<input checked="" type="checkbox"/>		
37. Vending machines		
<input checked="" type="checkbox"/>		
38. Adequate ventilation & lighting; designated areas, use		
<input checked="" type="checkbox"/>		
39. Thermometers: provided & accurate		
<input checked="" type="checkbox"/>		
40. Wiping cloths: properly used & stored		
<b>PHYSICAL FACILITIES</b>		
<input checked="" type="checkbox"/>		
41. Plumbing: proper backflow devices; leaks		
<input checked="" type="checkbox"/>		
42. Garbage & refuse: properly disposed; facilities maintained		
<input checked="" type="checkbox"/>		
43. Toilet facilities: properly constructed, supplied & cleaned		
<input checked="" type="checkbox"/>		
44. Premises; personal/ cleaning items; vermin-proofing		
<b>PERMANENT FOOD FACILITIES</b>		
<input checked="" type="checkbox"/>		
45. Floors, walls & ceilings: built, maintained & cleaned		
<input checked="" type="checkbox"/>		
46. No unapproved private homes/ living or sleeping quarters		
<b>SIGNS/ REQUIREMENTS</b>		
<input checked="" type="checkbox"/>		
47. Signs posted; last inspection report available		
<b>COMPLIANCE &amp; ENFORCEMENT</b>		
<input checked="" type="checkbox"/>		
48. Plan review		
<input checked="" type="checkbox"/>		
49. Permits available		
<input checked="" type="checkbox"/>		
50. Impoundment		
<input checked="" type="checkbox"/>		
51. Permit suspension		

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

Received by (print): Seth Harthun Received by (signature): [Signature] Title: General Manager  
 Specialist (print): Patrick Kambal Specialist (signature): [Signature] Phone:

PASS

REINSPECTION DATE