

FOOD FACILITY INSPECTION REPORT

Date:	2/2/18
Time In:	
Time Out:	

Facility Name:	Press Cafe	Address:	MSJ.77 Tenau
Permit #:		Exp. Date:	
Permit Holder:	D. Ross	Type of Inspection:	Routine

IN	N/O	COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE				
<input checked="" type="checkbox"/>				
1. Food safety certification				
Food Safety Certification Name: <u>OK - A. Lewis</u> Expiration Date: _____				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<input checked="" type="checkbox"/>				
2. Communicable disease: reporting, restrictions & exclusions				
<input checked="" type="checkbox"/>				
3. No discharge from eyes, nose & mouth				
<input checked="" type="checkbox"/>				
4. Proper eating, tasting, drinking or tobacco use				
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/>				
5. Hands clean & properly washed; gloves properly used				
<input checked="" type="checkbox"/>				
6. Adequate hand washing facilities supplied & accessible				
TIME & TEMPERATURE RELATIONSHIPS				
<input checked="" type="checkbox"/>				
7. Proper hot and cold holding temperatures				
<input checked="" type="checkbox"/>				
8. Time as a public health control: procedures & records				
<input checked="" type="checkbox"/>				
9. Proper cooling methods				
<input checked="" type="checkbox"/>				
10. Proper cooking time & temperatures				
<input checked="" type="checkbox"/>				
11. Proper reheating procedures for hot holding				
PROTECTION FROM CONTAMINATION				
<input checked="" type="checkbox"/>				
12. Returned & reservice of food				
<input checked="" type="checkbox"/>				
13. Food in good condition, safe & unadulterated				
<input checked="" type="checkbox"/>				
14. Food contact surfaces: clean & sanitized				
sanitizer type: _____				
<input type="checkbox"/> chlorine <input type="checkbox"/> quaternary ammonium <input type="checkbox"/> hot water <input type="checkbox"/> other:				
sanitizer concentration (ppm): <u>NO CONTROL</u> location: _____				
FOOD FROM APPROVED SOURCES				
<input checked="" type="checkbox"/>				
15. Food obtained from approved sources				
<input checked="" type="checkbox"/>				
16. Compliance with shell stock tags, condition & display				
<input checked="" type="checkbox"/>				
17. Compliance with Gulf Oyster Regulations				
CONFORMANCE WITH APPROVED PROCEDURES				
<input checked="" type="checkbox"/>				
18. Compliance with variance, specialized processes, reduced oxygen packaging & HACCP plan				
CONSUMER ADVISORY				
<input checked="" type="checkbox"/>				
19. Consumer advisory provided for raw/ undercooked foods				
HIGHLY SUSCEPTIBLE POPULATIONS				
<input checked="" type="checkbox"/>				
20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
HOT WATER/ COLD WATER				
<input checked="" type="checkbox"/>				
21. Hot & cold water available: cold temp. (°F) <u>70</u> hot temp. (°F) <u>120</u>				
LIQUID WASTE DISPOSAL				
<input checked="" type="checkbox"/>				
22. Sewage & wastewater properly disposed				
VERMIN				
<input checked="" type="checkbox"/>				
23. No rodents, insects, birds or animals				
SUPERVISION				
<input checked="" type="checkbox"/>				
24. Person in charge present & performs duties				
PERSONAL CLEANLINESS				
<input checked="" type="checkbox"/>				
25. Personal cleanliness & hair restraints				
GENERAL FOOD SAFETY REQUIREMENTS				
<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				
FOOD STORAGE/ SERVICE/ DISPLAY				
<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				
EQUIPMENT/ UTENSILS/ LINENS				
<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				
PHYSICAL FACILITIES				
<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				
PERMANENT FOOD FACILITIES				
<input checked="" type="checkbox"/>				
45. Floors, walls & ceilings: built, maintained & cleaned				
<input checked="" type="checkbox"/>				
46. No unapproved private homes/ living or sleeping quarters				
SIGNS/ REQUIREMENTS				
<input checked="" type="checkbox"/>				
47. Signs posted; last inspection report available				
COMPLIANCE & ENFORCEMENT				
<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):	Received by (signature):	Title:
Specialist (print):	Specialist (signature):	Phone:

Pass

REINSPECTION DATE
