

# FOOD FACILITY INSPECTION REPORT

Date:	10/30/19
Time In:	
Time Out:	

Facility Name:	RSE Pro Shop	Address:	Ree Sports Facility
Permit #:		Exp. Date:	
Permit Holder:	Cal Dining	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:		Expiration Date:		
N/A				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
IN		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		
<b>PREVENTING CONTAMINATION BY HANDS</b>				
IN	N/O	5. Hands clean & properly washed; gloves properly used		
IN		6. Adequate hand washing facilities supplied & accessible		
<b>TIME &amp; TEMPERATURE RELATIONSHIPS</b>				
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		
<b>PROTECTION FROM CONTAMINATION</b>				
IN	N/O	12. Returned & reservice of food		
IN		13. Food in good condition, safe & unadulterated		
IN	N/O	14. Food contact surfaces: clean & sanitized		
sanitizer type:		location: 3-camp		
sanitizer concentration (ppm):		N/A to 101		
<b>FOOD FROM APPROVED SOURCES</b>				
IN		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		
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
IN	N/A	18. Compliance with variance, specialized processes, reduced oxygen packaging & HACCP plan		
<b>CONSUMER ADVISORY</b>				
IN	N/A	19. Consumer advisory provided for raw/ undercooked foods		
<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>				
IN	N/A	20. Licensed health care facilities/ public & private schools; prohibited foods not offered		
<b>HOT WATER/ COLD WATER</b>				
IN		21. Hot & cold water available: $72-2$ cold temp. (°F) $170$ hot temp. (°F)		
<b>LIQUID WASTE DISPOSAL</b>				
IN		22. Sewage & wastewater properly disposed		
<b>VERMIN</b>				
IN		23. No rodents, insects, birds or animals		

		OUT
<b>SUPERVISION</b>		
24.	Person in charge present & performs duties	
<b>PERSONAL CLEANLINESS</b>		
25.	Personal cleanliness & hair restraints	
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>		
26.	Approved thawing methods used, frozen food	
27.	Food separated & protected	
28.	Fruits & vegetables washed	
29.	Toxic substances properly identified, stored & used	
<b>FOOD STORAGE/ SERVICE/ DISPLAY</b>		
30.	Food storage containers identified	
31.	Consumer self-service	
32.	Food properly labeled & honestly presented	
<b>EQUIPMENT/ UTENSILS/ LINENS</b>		
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	
<b>PHYSICAL FACILITIES</b>		
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	
<b>PERMANENT FOOD FACILITIES</b>		
45.	Floors, walls & ceilings: built, maintained & cleaned	
46.	No unapproved private homes/ living or sleeping quarters	
<b>SIGNS/ REQUIREMENTS</b>		
47.	Signs posted; last inspection report available	
<b>COMPLIANCE &amp; ENFORCEMENT</b>		
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:

Provide paper towels in the storage room at the 1st sink!

REINSPECTION DATE
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