

FOOD FACILITY INSPECTION REPORT

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

Facility Name: Yali's @ SDH Address: SDH
 Permit #: Exp. Date: Permit Holder: A. Amzel 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		COS	MAJ	OUT
IN	N/O			
1. Food safety certification				
Food Safety Certification Name: Not posted 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				
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 & reserve of food				
IN				
13. Food in good condition, safe & unadulterated				
IN	N/O			
14. Food contact surfaces: clean & sanitized				
sanitizer type: Chlorine quaternary ammonium hot water other:				
sanitizer concentration (ppm): Soap location: Dishwasher				
FOOD FROM APPROVED SOURCES				
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				
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				
21. Hot & cold water available: cold temp. (°F) 72 hot temp. (°F)				
LIQUID WASTE DISPOSAL				
IN				
22. Sewage & wastewater properly disposed				
VERMIN				
IN				
23. No rodents, insects, birds or animals				

SUPERVISION		OUT
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): [Signature] Received by (signature): [Signature] Title:
 Specialist (print): [Signature] Specialist (signature): [Signature] Phone:

REINSPECTION DATE

PASS