



Date of Inspection: 8/30/11

Facility Name: Tobin Resort Phone Number: \_\_\_\_\_ PR ID # 2820  
 Facility Site Address: P.O. Box 83 City: Stornie Zip: 95980  
 Permit #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Permit Holder: \_\_\_\_\_  
 Type of Inspection: Preopening

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

In = In compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site MAJ = Major violation OUT = Out of Compliance

In	N/O-N/A		COS	MAJ	OUT
<b>DEMONSTRATION OF KNOWLEDGE</b>					
✓		1. Demonstration of knowledge; food safety certification			
		Food Safety Cert Name: _____	Exp. Date _____		
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>					
✓		2. Communicable disease; reporting, restrictions & exclusions			
✓		3. No discharge from eyes, nose, and mouth			
✓		4. Proper eating, tasting, drinking or tobacco use			
<b>PREVENTING CONTAMINATION BY HANDS</b>					
✓		5. Hands clean and properly washed; gloves used properly			
✓		6. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					
✓		7. Proper hot and cold holding temperatures			
✓		8. Time as a public health control; procedures & records			
✓		9. Proper cooling methods			
✓		10. Proper cooking time & temperatures			
✓		11. Proper reheating procedures for hot holding			
<b>PROTECTION FROM CONTAMINATION</b>					
✓		12. Returned and re-service of food			
✓		13. Food in good condition, safe and unadulterated			
✓		14. Food contact surfaces: clean and sanitized			

In	N/O-N/A		COS	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>					
✓		15. Food obtained from approved source			
✓		16. Compliance with shell stock tags, condition, display			
✓		17. Compliance with Gulf Oyster Regulations			
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>					
✓		18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
<b>CONSUMER ADVISORY</b>					
✓		19. Consumer advisory provided for raw or undercooked foods			
<b>Highly Susceptible Populations</b>					
✓		20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
<b>WATER/HOT WATER</b>					
✓		21. Hot and cold water available			
<b>LIQUID WASTE DISPOSAL</b>					
✓		22. Sewage and wastewater properly disposed			
<b>VERMIN</b>					
✓		23. No rodents, insects, birds, or animals			

	SUPERVISION	OUT
24.	Person in charge present and performs duties	
<b>PERSONAL CLEANLINESS</b>		
25.	Personal cleanliness and hair restraints	
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>		
26.	Approved thawing methods used, frozen food	
27.	Food separated and protected	
28.	Washing fruits and vegetables	
29.	Toxic substances properly identified, stored, used	
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>		
30.	Food storage; 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 and linens: storage and use	
37.	Vending machines	
38.	Adequate ventilation and lighting; designated areas, use	

		OUT
39.	Thermometers provided and accurate	
40.	Wiping cloths: properly used and stored	
<b>PHYSICAL FACILITIES</b>		
41.	Plumbing: proper backflow devices	
42.	Garbage and 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.	Floor, walls and ceilings: built, maintained, and clean	
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	

Received by (Print) Kathleen Daniels Title \_\_\_\_\_  
 Received by (Signature) Kathleen Daniels  
 Specialist (Print) Deborah Anderson Specialist (Signature) Deborah Anderson Re-inspection Date: Routine

Facility Name: Tobin Resort

FA ID # 2820

Pg 2 of 2

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**OBSERVATIONS AND CORRECTIVE ACTIONS**

Pre-opening inspection-  
Pre-packaged Food only.

Facility approved to operate.

Contact Environmental Health before upgrading to  
a food prep facility.

Received by (Print)

Kathleen Daniels

Title

Received by (Signature)

Kathleen Daniels

Specialist (Print)

Deborah Anderson

(Specialist (Signature)

Deborah Anderson

Re-inspection Date:

Routine