



Date of Inspection: 3/30/12

Facility Name: Feather Bed Phone Number 283-0102 PR ID # 2159
 Facility Site Address: 542 Jackson St. City: Quincy Zip 95971
 Permit #: 11-113863 Exp Date: 11/18/11 Permit Holder: Robert Janowski Type of Inspection: Routine

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 |
|---|---------|-----|-----|-----|
| DEMONSTRATION OF KNOWLEDGE | | | | |
| ✓ | | | | |
| 1. Demonstration of knowledge; food safety certification | | | | |
| Food Safety Cert Name: <u>Bob Janowski</u> Exp. Date <u>11/3/16</u> | | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | |
| ✓ | | | | |
| 2. Communicable disease; reporting, restrictions & exclusions | | | | |
| ✓ | | | | |
| 3. No discharge from eyes, nose, and mouth | | | | |
| ✓ | | | | |
| 4. Proper eating, tasting, drinking or tobacco use | | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | |
| ✓ | | | | |
| 5. Hands clean and properly washed; gloves used properly | | | | |
| ✓ | | | | |
| 6. Adequate handwashing facilities supplied & accessible | | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | |
| ✓ | | | | |
| 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 | | | | |
| PROTECTION FROM CONTAMINATION | | | | |
| ✓ | | | | |
| 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 |
|---|---------|-----|-----|-----|
| FOOD FROM APPROVED SOURCES | | | | |
| ✓ | | | | |
| 15. Food obtained from approved source | | | | |
| ✓ | | | | |
| 16. Compliance with shell stock tags, condition, display | | | | |
| ✓ | | | | |
| 17. Compliance with Gulf Oyster Regulations | | | | |
| CONFORMANCE WITH APPROVED PROCEDURES | | | | |
| ✓ | | | | |
| 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | | |
| CONSUMER ADVISORY | | | | |
| ✓ | | | | |
| 19. Consumer advisory provided for raw or undercooked foods | | | | |
| Highly Susceptible Populations | | | | |
| ✓ | | | | |
| 20. Licensed health care facilities/ public & private schools: prohibited foods not offered | | | | |
| WATER/HOT WATER | | | | |
| ✓ | | | | |
| 21. Hot and cold water available Temp <u>110°F</u> | | | | |
| LIQUID WASTE DISPOSAL | | | | |
| ✓ | | | | |
| 22. Sewage and wastewater properly disposed | | | | |
| VERMIN | | | | |
| ✓ | | | | |
| 23. No rodents, insects, birds, or animals | | | | |

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

| In | N/O-N/A | COS | MAJ | OUT |
|---|---------|-----|-----|-----|
| PHYSICAL FACILITIES | | | | |
| ✓ | | | | |
| 39. Thermometers provided and accurate | | | | |
| ✓ | | | | |
| 40. Wiping cloths: properly used and stored | | | | |
| PERMANENT FOOD FACILITIES | | | | |
| ✓ | | | | |
| 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 | | | | |
| SIGNS/ REQUIREMENTS | | | | |
| ✓ | | | | |
| 47. Signs posted; last inspection report available | | | | |
| COMPLIANCE & ENFORCEMENT | | | | |
| ✓ | | | | |
| 48. Plan Review | | | | |
| ✓ | | | | |
| 49. Permits Available | | | | |
| ✓ | | | | |
| 50. Impoundment | | | | |
| ✓ | | | | |
| 51. Permit Suspension | | | | |

Received by (Print) BOB JANOWSKI Title _____
 Received by (Signature) Bob Janowski
 Specialist (Print) Deborah Anderson Specialist (Signature) Deborah Anderson Re-inspection Date: Routine

Facility Name: Feather Bed

FA ID # 2159

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Date of Inspection: 3/30/19

OBSERVATIONS AND CORRECTIVE ACTIONS

Notes: Food Safety Certification renewed thru 11/30/16.
Will check for permit renewal.

Received by (Print) BOB JANOWSKI

Title

Received by (Signature) Bob Janowski

Specialist (Print) Deborah Anderson

Specialist (Signature)

Deborah Anderson

Re-inspection Date:

Routine