



Date of Inspection: 6/24/13

Facility Name: SIGMA BIBLE CAMP Phone Number 284-7723 PR ID # 1563  
 Facility Site Address: CANYON DAM City: CANYON DAM Zip 95923  
 Permit #: 13-123856-A Exp Date: 5/1/14 Permit Holder: SIGMA BIBLE CAMP 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	In	N/O-N/A	COS	MAJ	OUT
<b>DEMONSTRATION OF KNOWLEDGE</b>					<b>FOOD FROM APPROVED SOURCES</b>				
	X				X				
1. Demonstration of knowledge: food safety certification					15. Food obtained from approved source				
Food Safety Cert Name: _____ Exp. Date _____					16. Compliance with shell stock tags, condition, display				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>					<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
X					X				
2. Communicable disease; reporting, restrictions & exclusions					17. Compliance with Gulf Oyster Regulations				
X					18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
X					<b>CONSUMER ADVISORY</b>				
X					X				
3. No discharge from eyes, nose, and mouth					19. Consumer advisory provided for raw or undercooked foods				
X					<b>Highly Susceptible Populations</b>				
X					X				
4. Proper eating, tasting, drinking or tobacco use					20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
<b>PREVENTING CONTAMINATION BY HANDS</b>					<b>WATER/HOT WATER</b>				
X					X				
5. Hands clean and properly washed; gloves used properly					21. Hot and cold water available Temp <u>150°F+</u>				
X					<b>LIQUID WASTE DISPOSAL</b>				
X					X				
6. Adequate handwashing facilities supplied & accessible					22. Sewage and wastewater properly disposed				
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					<b>VERMIN</b>				
X					X				
7. Proper hot and cold holding temperatures					23. No rodents, insects, birds, or animals				
X									
X									
X					<b>PROTECTION FROM CONTAMINATION</b>				
X					12. Returned and re-service of food				
X					13. Food in good condition, safe and unadulterated				
X					14. Food contact surfaces: clean and sanitized				
<b>SUPERVISION</b>					<b>OUT</b>				
24. Person in charge present and performs duties					39. Thermometers provided and accurate				
<b>PERSONAL CLEANLINESS</b>					40. Wiping cloths: properly used and stored				
25. Personal cleanliness and hair restraints					<b>PHYSICAL FACILITIES</b>				
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>					41. Plumbing: proper backflow devices				
26. Approved thawing methods used, frozen food					42. Garbage and refuse properly disposed; facilities maintained				
27. Food separated and protected					43. Toilet facilities: properly constructed, supplied, cleaned				
28. Washing fruits and vegetables					44. Premises: personal/cleaning items; vermin-proofing				
29. Toxic substances properly identified, stored, used					<b>PERMANENT FOOD FACILITIES</b>				
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>					45. Floor, walls and ceilings: built, maintained, and clean				
30. Food storage; food storage containers identified					46. No unapproved private homes/ living or sleeping quarters				
31. Consumer self-service					<b>SIGNS/ REQUIREMENTS</b>				
32. Food properly labeled & honestly presented					47. Signs posted; last inspection report available				
<b>EQUIPMENT/ UTENSILS/ LINENS</b>					<b>COMPLIANCE &amp; ENFORCEMENT</b>				
33. Nonfood contact surfaces clean					48. Plan Review				
34. Warewashing facilities: installed, maintained, used; test strips					49. Permits Available				
35. Equipment/ Utensils approved; installed; clean; good repair; capacity					50. Impoundment				
36. Equipment, utensils and linens: storage and use					51. Permit Suspension				
37. Vending machines									
38. Adequate ventilation and lighting; designated areas, use									

Received by (Print) STACE HARRELY Title CAMP DIRECTOR  
 Received by (Signature) *[Signature]*  
 Specialist (Print) PAT SANCHEZ Specialist (Signature) *[Signature]* Re-inspection Date: \_\_\_\_\_