



Date of Inspection: 7/30/13

Facility Name: Debbie Dogs Phone Number 922-9342 PR ID # 3359  
 Facility Site Address: P.O. Box 30083 City: Cromberg Zip 95971  
 Permit #: 13-126889 Exp Date: 6/1/14 Permit Holder: Debbie Hubbard 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
<b>DEMONSTRATION OF KNOWLEDGE</b>				
✓				
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: <u>Debbie Hubbard</u> Exp. Date: <u>6/3/14</u>				
<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 Temp _____				
<b>LIQUID WASTE DISPOSAL</b>				
✓				
22. Sewage and wastewater properly disposed				
<b>VERMIN</b>				
✓				
23. No rodents, insects, birds, or animals				

In	N/O-N/A	COS	MAJ	OUT
<b>SUPERVISION</b>				
✓				
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				

In	N/O-N/A	COS	MAJ	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) DEBBIE HUBBARD Title \_\_\_\_\_  
 Received by (Signature) Debbie Hubbard  
 Specialist (Print) Deborah Anderson Specialist (Signature) Deborah Anderson Re-inspection Date: Routine