

Facility Name: OLSEN'S CABIN

PA ID # 0961

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Date of Inspection: 10/13

OBSERVATIONS AND CORRECTIVE ACTIONS

#34) REPAIR THE WASHING MACHINE TO PROVIDE 30 SECS
CL2 AT FINAL RINSE

ENSURE ALL PERSONS HANDLING FOOD AND CLEAN MULTIPLE
UTENSILS HAVE A CA FOOD HANDLER CARD.

Received by (Print)

JOAN M. OLSEN

Title

Received by (Signature)

Joan M. Olsen

Specialist (Print)

Specialist (Signature)

Ret. Schmucke

Re-inspection Date: