



Date of Inspection: 10/16/13

Facility Name: Feather Bed Phone Number 283-0102 PR ID # 2159  
 Facility Site Address: 542 Jackson St. City: Quincy Zip 95971  
 Permit #: 12-113863 Exp Date: 2/1/13 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
<b>DEMONSTRATION OF KNOWLEDGE</b>				
✓				
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: <u>Robert Janowski</u> Exp. Date: <u>11/30/16</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 <u>115°F</u>				
<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) Christina Boyd Title \_\_\_\_\_  
 Received by (Signature) Christina Boyd  
 Specialist (Print) Deborah Anderson Specialist (Signature) Deborah Anderson Re-inspection Date: Routine

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FA ID # 2159

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OBSERVATIONS AND CORRECTIVE ACTIONS

(fa) Health permit payment due. Contact Environmental Health ASAP to arrange payment.

Received by (Print)

Christina Boyd

Title

Received by (Signature)

Specialist (Print)

Deborah Anderson

Specialist (Signature)

Deborah Anderson

Re-inspection Date:

Routine