



Date of Inspection: 4/22/13

Facility Name: NORTH SHORE CG. Phone Number: 258-3376 PR ID # \_\_\_\_\_  
 Facility Site Address: 541 CATFISH BEACH RD. City: CHESTER Zip: 96020  
 Permit #: PENDING Exp Date: \_\_\_\_\_ Permit Holder: \_\_\_\_\_  
 Type of Inspection: PRE-OPEN

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>				
X				
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: <u>Now Prep / Pre-Packaged</u> Exp. Date: _____				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
X				
2. Communicable disease; reporting, restrictions & exclusions				
X				
3. No discharge from eyes, nose, and mouth				
X				
4. Proper eating, tasting, drinking or tobacco use				
<b>PREVENTING CONTAMINATION BY HANDS</b>				
X				
5. Hands clean and properly washed; gloves used properly				
X				
6. Adequate handwashing facilities supplied & accessible				
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
X				
7. Proper hot and cold holding temperatures				
X				
8. Time as a public health control; procedures & records				
X				
9. Proper cooling methods				
X				
10. Proper cooking time & temperatures				
X				
11. Proper reheating procedures for hot holding				
<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				

In	N/O-N/A	COS	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>				
X				
15. Food obtained from approved source				
X				
16. Compliance with shell stock tags, condition, display				
X				
17. Compliance with Gulf Oyster Regulations				
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
X				
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
<b>CONSUMER ADVISORY</b>				
X				
19. Consumer advisory provided for raw or undercooked foods				
<b>Highly Susceptible Populations</b>				
X				
20. Licensed health care facilities/ public & private schools: prohibited foods not offered				
<b>WATER/HOT WATER</b>				
X				
21. Hot and cold water available Temp <u>130°F+</u>				
<b>LIQUID WASTE DISPOSAL</b>				
X				
22. Sewage and wastewater properly disposed				
<b>VERMIN</b>				
X				
23. No rodents, insects, birds, or animals				

In	N/O-N/A	COS	MAJ	OUT
<b>SUPERVISION</b>				
X				
24. Person in charge present and performs duties				
<b>PERSONAL CLEANLINESS</b>				
X				
25. Personal cleanliness and hair restraints				
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>				
X				
26. Approved thawing methods used, frozen food				
X				
27. Food separated and protected				
X				
28. Washing fruits and vegetables				
X				
29. Toxic substances properly identified, stored, used				
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>				
X				
30. Food storage; food storage containers identified				
X				
31. Consumer self-service				
X				
32. Food properly labeled & honestly presented				
<b>EQUIPMENT/ UTENSILS/ LINENS</b>				
X				
33. Nonfood contact surfaces clean				
X				
34. Warewashing facilities; installed, maintained, used; test strips				
X				
35. Equipment/ Utensils approved; installed; clean; good repair; capacity				
X				
36. Equipment, utensils and linens: storage and use				
X				
37. Vending machines				
X				
38. Adequate ventilation and lighting; designated areas, use				

In	N/O-N/A	COS	MAJ	OUT
X				
39. Thermometers provided and accurate				
X				
40. Wiping cloths: properly used and stored				
<b>PHYSICAL FACILITIES</b>				
X				
41. Plumbing; proper backflow devices				
X				
42. Garbage and refuse properly disposed; facilities maintained				
X				
43. Toilet facilities: properly constructed, supplied, cleaned				
X				
44. Premises; personal/cleaning items; vermin-proofing				
<b>PERMANENT FOOD FACILITIES</b>				
X				
45. Floor, walls and ceilings: built, maintained, and clean				
X				
46. No unapproved private homes/ living or sleeping quarters				
<b>SIGNS/ REQUIREMENTS</b>				
X				
47. Signs posted; last inspection report available				
<b>COMPLIANCE &amp; ENFORCEMENT</b>				
X				
48. Plan Review				
X				
49. Permits Available				
X				
50. Impoundment				
X				
51. Permit Suspension				

Received by (Print) CHARLES BLUTH Title PRESIDENT

Received by (Signature) \_\_\_\_\_

Specialist (Print) PAT SANDERS Specialist (Signature) \_\_\_\_\_ Re-inspection Date: 2/12/14

Facility Name:

NORTH SHORE CG.

FA ID #

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Date of Inspection:

4/22/13

OBSERVATIONS AND CORRECTIVE ACTIONS

- PRE OPENING INSPECTION - FACILITY APPROVED FOR OPERATION

Received by (Print)

CHARLES BROWN

Title

PRESIDENT

Received by (Signature)

[Handwritten Signature]

Specialist (Print)

RAT SANDOZS

Specialist (Signature)

[Handwritten Signature]

Re-inspection Date:

w/10 MONTH