



Date of Inspection: 5/29/14

Facility Name: Comm of Christ Camp Phone Number 836-0613 PR ID # 1377  
 Facility Site Address: 58929 Little Long Vly City: Cromberg Zip 96103  
 Permit #: 13-123907 Exp Date: 6/1/14 Permit Holder: Comm. of Christ 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:		Exp. Date		
<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>120°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>				
				OUT
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
				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) Veronica Dobson Title Director of Operations  
 Received by (Signature) Veronica Dobson  
 Specialist (Print) Deborah Anderson Specialist (Signature) Deborah Anderson Re-inspection Date: Routine

Facility Name: Comm of Christ Church Camp FAID# 1377

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**OBSERVATIONS AND CORRECTIVE ACTIONS**

Kitchen remodeled:- New floors, new shelves, new hand wash sink.

Received by (Print)

Veronica Dobson

Title

Director of operations

Received by (Signature)

Veronica Dobson

Specialist (Print)

Deborah Anderson

Specialist (Signature)

Deborah Anderson

Re-inspection Date:

Routine