



Date of Inspection: 2 JUNE 14

Facility Name: INDIAN PEAK VINEYARDS Phone Number: 836-2466 PR ID # 4190  
 Facility Site Address: 7481 HWY 89 City: GATEVILLE Zip: 96103  
 Permit #: PENDING Exp Date: \_\_\_\_\_ Permit Holder: TREVOR BARTLETT 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>				
	X			
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name:		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				
<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 _____				
<b>LIQUID WASTE DISPOSAL</b>				
X				
22. Sewage and wastewater properly disposed				
<b>VERMIN</b>				
X				
23. No rodents, insects, birds, or animals				

<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		
39. Thermometers provided and accurate		OUT
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) TREVOR BARTLETT Title OWNER  
 Received by (Signature) \_\_\_\_\_  
 Specialist (Print) KEVIN ROBERTS Specialist (Signature) \_\_\_\_\_ Re-inspection Date: 12 MOS

Facility Name:

DECONY PEAR VINEYARD

FA ID #

4190

Pg 2 of 2

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OBSERVATIONS AND CORRECTIVE ACTIONS

#49) CONTACT ENVIRONMENTAL HEALTH TO REVIEW THE HEALTH PERMIT.

Received by (Print)

Title

Received by (Signature)

Specialist (Print)

Specialist (Signature)

Re-inspection Date: