



Date of Inspection: 13 JUN 14

Facility Name: SIERRA VALLEY FARMS Phone Number 832-0114 PR ID # 3236  
 Facility Site Address: 1329 A-23 (Back) City: BECKWORTH Zip \_\_\_\_\_  
 Permit #: PENDING Exp Date: \_\_\_\_\_ Permit Holder: GARY ROMANO 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 | In  | N/O-N/A                             | COS | MAJ | OUT |
|---|-------------------------------------|-----|-----|-----|---|-------------------------------------|-----|-----|-----|
| <b>DEMONSTRATION OF KNOWLEDGE</b>                             |                                     |     |     |     | <b>FOOD FROM APPROVED SOURCES</b>   |                                     |     |     |     |
| <input checked="" type="checkbox"/>                           | <input checked="" type="checkbox"/> |     |     |     | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> |     |     |     |
| 1. Demonstration of knowledge; food safety certification      |                                     |     |     |     | 15. Food obtained from approved source  |                                     |     |     |     |
| Food Safety Cert Name: _____ Exp. Date _____                  |                                     |     |     |     | 16. Compliance with shell stock tags, condition, display                                    |                                     |     |     |     |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>               |                                     |     |     |     | 17. Compliance with Gulf Oyster Regulations   |                                     |     |     |     |
| <input checked="" type="checkbox"/>                           | <input checked="" type="checkbox"/> |     |     |     | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> |     |     |     |
| 2. Communicable disease; reporting, restrictions & exclusions |                                     |     |     |     | <b>CONFORMANCE WITH APPROVED PROCEDURES</b>   |                                     |     |     |     |
| <input checked="" type="checkbox"/>                           | <input checked="" type="checkbox"/> |     |     |     | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> |     |     |     |
| 3. No discharge from eyes, nose, and mouth                    |                                     |     |     |     | 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan   |                                     |     |     |     |
| <input checked="" type="checkbox"/>                           | <input checked="" type="checkbox"/> |     |     |     | <b>CONSUMER ADVISORY</b>  |                                     |     |     |     |
| 4. Proper eating, tasting, drinking or tobacco use            |                                     |     |     |     | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> |     |     |     |
| <b>PREVENTING CONTAMINATION BY HANDS</b>                      |                                     |     |     |     | 19. Consumer advisory provided for raw or undercooked foods                                 |                                     |     |     |     |
| <input checked="" type="checkbox"/>                           | <input checked="" type="checkbox"/> |     |     |     | <b>Highly Susceptible Populations</b>   |                                     |     |     |     |
| 5. Hands clean and properly washed; gloves used properly      |                                     |     |     |     | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> |     |     |     |
| <input checked="" type="checkbox"/>                           | <input checked="" type="checkbox"/> |     |     |     | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered |                                     |     |     |     |
| 6. Adequate handwashing facilities supplied & accessible      |                                     |     |     |     | <b>WATER/HOT WATER</b>  |                                     |     |     |     |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>                     |                                     |     |     |     | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> |     |     |     |
| <input checked="" type="checkbox"/>                           | <input checked="" type="checkbox"/> |     |     |     | 21. Hot and cold water available  |                                     |     |     |     |
| 7. Proper hot and cold holding temperatures                   |                                     |     |     |     | Temp _____  |                                     |     |     |     |
| <input checked="" type="checkbox"/>                           | <input checked="" type="checkbox"/> |     |     |     | <b>LIQUID WASTE DISPOSAL</b>  |                                     |     |     |     |
| 8. Time as a public health control; procedures & records      |                                     |     |     |     | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> |     |     |     |
| <input checked="" type="checkbox"/>                           | <input checked="" type="checkbox"/> |     |     |     | 22. Sewage and wastewater properly disposed   |                                     |     |     |     |
| 9. Proper cooling methods                                     |                                     |     |     |     | <b>VERMIN</b>   |                                     |     |     |     |
| <input checked="" type="checkbox"/>                           | <input checked="" type="checkbox"/> |     |     |     | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> |     |     |     |
| 10. Proper cooking time & temperatures                        |                                     |     |     |     | 23. No rodents, insects, birds or animals   |                                     |     |     |     |
| <input checked="" type="checkbox"/>                           | <input checked="" type="checkbox"/> |     |     |     |   |                                     |     |     |     |
| 11. Proper reheating procedures for hot holding               |                                     |     |     |     |   |                                     |     |     |     |
| <b>PROTECTION FROM CONTAMINATION</b>                          |                                     |     |     |     |   |                                     |     |     |     |
| <input checked="" type="checkbox"/>                           | <input checked="" type="checkbox"/> |     |     |     |   |                                     |     |     |     |
| 12. Returned and re-service of food                           |                                     |     |     |     |   |                                     |     |     |     |
| <input checked="" type="checkbox"/>                           | <input checked="" type="checkbox"/> |     |     |     |   |                                     |     |     |     |
| 13. Food in good condition, safe and unadulterated            |                                     |     |     |     |   |                                     |     |     |     |
| <input checked="" type="checkbox"/>                           | <input checked="" type="checkbox"/> |     |     |     |   |                                     |     |     |     |
| 14. Food contact surfaces: clean and sanitized                |                                     |     |     |     |   |                                     |     |     |     |

|   |  |  |  |  |   |  |  |  |  |
|---|--|--|--|--|---|--|--|--|--|
| <b>SUPERVISION</b>  |  |  |  |  | <b>OUT</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              |  |  |  |  |   |  |  |  |  |
|   |  |  |  |  | <b>OUT</b>  |  |  |  |  |
|   |  |  |  |  | 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 Renew  |  |  |  |  |
|   |  |  |  |  | 49. Permits Available   |  |  |  |  |
|   |  |  |  |  | 50. Impoundment   |  |  |  |  |
|   |  |  |  |  | 51. Permit Suspension   |  |  |  |  |

Received by (Print) Gary Romano Title Owner  
 Received by (Signature) [Signature]  
 Specialist (Print) Rob Robinson Specialist (Signature) [Signature] Re-inspection Date: ~12mos  
OK #3409 7/31/00