



Date of Inspection: 27 JUN 14

Facility Name: Feel Good Cafe Phone Number: 932-6337 PR ID #: 4329
 Facility Site Address: 80 COMMERCIAL ST City: PONTOLA Zip: _____
 Permit #: B-127014 Exp Date: 8/22/14 Permit Holder: WILLIAM TITMAY 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
DEMONSTRATION OF KNOWLEDGE				
	1. Demonstration of knowledge: food safety certification			X
Food Safety Cert Name: <u>PENDING</u> Exp. Date: _____				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
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			
PREVENTING CONTAMINATION BY HANDS				
X	5. Hands clean and properly washed; gloves used properly			
	6. Adequate handwashing facilities supplied & accessible			X
TIME AND TEMPERATURE RELATIONSHIPS				
X	7. Proper hot and cold holding temperatures			
	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			
PROTECTION FROM CONTAMINATION				
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			X
FOOD FROM APPROVED SOURCES				
X	15. Food obtained from approved source			
X	16. Compliance with shell stock tags, condition, display			
X	17. Compliance with Gulf Oyster Regulations			
CONFORMANCE WITH APPROVED PROCEDURES				
X	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
CONSUMER ADVISORY				
Highly Susceptible Populations				
X	19. Consumer advisory provided for raw or undercooked foods			
WATER/HOT WATER				
	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
	21. Hot and cold water available			
Temp: <u>COS</u>				
LIQUID WASTE DISPOSAL				
X	22. Sewage and wastewater properly disposed			
VERMIN				
X	23. No rodents, insects, birds, or animals			

SUPERVISION				OUT
24. Person in charge present and performs duties				
PERSONAL CLEANLINESS				
25. Personal cleanliness and hair restraints				
GENERAL FOOD SAFETY REQUIREMENTS				
26. Approved thawing methods used, frozen food				
27. Food separated and protected				
28. Washing fruits and vegetables				
29. Toxic substances properly identified, stored, used				
FOOD STORAGE/ DISPLAY/ SERVICE				
30. Food storage; food storage containers identified				
31. Consumer self-service				
32. Food properly labeled & honestly presented				
EQUIPMENT/ UTENSILS/ LINENS				
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				
PHYSICAL FACILITIES				
41. Plumbing: proper backflow devices				
42. Garbage and refuse properly disposed; facilities maintained				<u>COS</u>
43. Toilet facilities: properly constructed, supplied, cleaned				
44. Premises: personal/cleaning items; vermin-proofing				X
PERMANENT FOOD FACILITIES				
45. Floor, walls and ceilings: built, maintained, and clean				X
46. No unapproved private homes/ living or sleeping quarters				
SIGNS/ REQUIREMENTS				
47. Signs posted; last inspection report available				
COMPLIANCE & ENFORCEMENT				
48. Plan Review				
49. Permits Available				
50. Impoundment				
51. Permit Suspension				

Received by (Print) SHANE MURRAY Title CO-OWNER
 Received by (Signature) Shane Murray
 Specialist (Print) Rob Robinson Specialist (Signature) [Signature] Re-inspection Date: ~ 2 weeks

Facility Name: Feel Good Cafe

FAID # 4329

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Date of Inspection: 27 JULY 14

OBSERVATIONS AND CORRECTIVE ACTIONS

- #1) OBTAIN A CERTIFIED FOOD HANDLER WITHIN THE NEXT 60 DAYS AND AS SOON AS POSSIBLE
- ENSURE ALL EMPLOYEES THAT HANDLE CLEANY DISHWASHE OR FOOD HAVE A CA FOOD HANDLER CARD OR A FOOD HANDLER CERTIFICATION.
- #6) PROVIDE SINGLE SERVICE HANDTOWELS AT THE DISPENSERS IN THE RESTROOM AND AT THE KITCHEN SINK.
- #14) THOROUGHLY CLEAN THE MEAT SLICER OF RESIDUE
- #21) WATER HEATER ADJUSTED TO PROVIDE 170°F WATER AT TIME OF INSPECTION (FOUNDED AT 115°F)
- #42) RECYCLE BOTTLES REMOVED FROM WATERS STATION AT TIME OF INSPECTION.
- #44) KEEP THE DOORS CLOSED TO BLOCK THE ENTRANCE OF FLIES OR INSTALL SELF-CLOSING AND TIGHT-FITTING SCREENED DOORS.
 - REPAIR THE WEST DINING ROOM ENTRY DOOR THRESHOLD TO BE TIGHT-FITTING.
- #45) REPAIR THE GAP AT THE KITCHEN FLOOR SEAM

Received by (Print) SHANE MURRAY

Title

Received by (Signature)

Specialist (Print)

Rob Raimette RR

Specialist (Signature)

Re-inspection Date: