



Date of Inspection: 11/20/14

Facility Name: FEEL GOOD CAFE Phone Number: _____ PR ID # 4329
 Facility Site Address: 20 COMMERCIAL City: PONTIACA Zip: 96122
 Permit #: 13-127014 Exp Date: 8/22/14 Permit Holder: WILLIAM TIFFANY Type of Inspection: Follow up

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				
	2. Communicable disease; reporting, restrictions & exclusions			
	3. No discharge from eyes, nose, and mouth			
	4. Proper eating, tasting, drinking or tobacco use			
PREVENTING CONTAMINATION BY HANDS				
	5. Hands clean and properly washed; gloves used properly			
	6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS				
	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			
PROTECTION FROM CONTAMINATION				
	12. Returned and re-service of food			
	13. Food in good condition, safe and unadulterated			
	14. Food contact surfaces: clean and sanitized			
FOOD FROM APPROVED SOURCES				
	15. Food obtained from approved source			
	16. Compliance with shell stock tags, condition, display			
	17. Compliance with Gulf Oyster Regulations			
CONFORMANCE WITH APPROVED PROCEDURES				
	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
CONSUMER ADVISORY				
	19. Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations				
	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
WATER/HOT WATER				
X	21. Hot and cold water available			
		Temp <u>71.00 F</u>		
LIQUID WASTE DISPOSAL				
	22. Sewage and wastewater properly disposed			
VERMIN				
	23. No rodents, insects, birds, or animals			
SUPERVISION				
	24. Person in charge present and performs duties			OUT
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			
PHYSICAL FACILITIES				
	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			
PERMANENT FOOD FACILITIES				
	45. Floor, walls and ceilings: built, maintained, and clean			
	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) _____ Title Manager
 Received by (Signature) Elia Tiffany
 Specialist (Print) Rob Robinson Specialist (Signature) _____ Re-inspection Date: None

Facility Name:

Feel Good Cafe

FA ID #

4329

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11 July 14

OBSERVATIONS AND CORRECTIVE ACTIONS

#1) OBTAIN A CERTIFIED FOOD HANDLER CERTIFICATE

#6) PAPER TOWELS PROVIDED AT DISPENSERS

#14) SLICER CLEAN AT TIME OF INSPECTION.

#21) WATER HEATER ADJUSTED TO PROVIDE 120°F WATER

#44) SCREENED EMPLOYEES NOT YET INSTALLED.

Received by (Print)

Title

Received by (Signature)

Elise Tiffany

Specialist (Print)

Specialist (Signature)

Rob Bonnette

Re-inspection Date: