



Date of Inspection: 29 SEP 14

Facility Name: NAKOMA GOLF RESORT Phone Number: 932-5067 PR ID #: 2935
 Facility Site Address: 348 BEAR RUN City: CLIO Zip: _____
 Permit #: 14-130380 Exp Date: 6/9/15 Permit Holder: NAKOMA ASSOC LP 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				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
PREVENTING CONTAMINATION BY HANDS				
TIME AND TEMPERATURE RELATIONSHIPS				
PROTECTION FROM CONTAMINATION				

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
CONFORMANCE WITH APPROVED PROCEDURES				
CONSUMER ADVISORY				
Highly Susceptible Populations				
WATER/HOT WATER				
LIQUID WASTE DISPOSAL				
VERMIN				

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		
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) Matt Williams Title _____
 Received by (Signature) [Signature]
 Specialist (Print) Rob Robinson Specialist (Signature) [Signature] Re-inspection Date: None

Facility Name: Nikona Golf Resort

FA ID # 2935

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OBSERVATIONS AND CORRECTIVE ACTIONS

#1) Provide A Certified food handler for the restaurant within the next 60 days.

#2) Adjust the hot water temperature at food preparation and dishwash sinks to 120°F (found at 110°F)

Received by (Print)

Matt Williams

Title

Received by (Signature)



Specialist (Print)

Specialist (Signature)

Re-inspection Date: