



Date of Inspection: 9/25/14

Facility Name: CHESTER Elem. School Phone Number 258-3080 PR ID # 1435
 Facility Site Address: 50 Church City: CHESTER Zip 96020
 Permit #: _____ Exp Date: _____ Permit Holder: OSTAN 3 Post Current Permit
 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
DEMONSTRATION OF KNOWLEDGE					FOOD FROM APPROVED SOURCES				
X					X				
1. Demonstration of knowledge; food safety certification					15. Food obtained from approved source				
Food Safety Cert Name: <u>MARY B CARLSON</u> Exp. Date <u>5/20/18</u>					16. Compliance with shell stock tags, condition, display				
EMPLOYEE HEALTH & HYGIENIC PRACTICES					17. Compliance with Gulf Oyster Regulations				
X					X				
2. Communicable disease; reporting, restrictions & exclusions					CONFORMANCE WITH APPROVED PROCEDURES				
X					18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
X					CONSUMER ADVISORY				
X					19. Consumer advisory provided for raw or undercooked foods				
PREVENTING CONTAMINATION BY HANDS					Highly Susceptible Populations				
X					20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
5. Hands clean and properly washed; gloves used properly					WATER/HOT WATER				
				X	21. Hot and cold water available Temp <u>120°F+</u>				
6. Adequate handwashing facilities supplied & accessible					LIQUID WASTE DISPOSAL				
TIME AND TEMPERATURE RELATIONSHIPS					22. Sewage and wastewater properly disposed				
X					VERMIN				
	X				23. No rodents, insects, birds or animals				
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									
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									

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				
					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) Mary Beth Carlson Title Cook Manager
 Received by (Signature) MB Carlson
 Specialist (Print) PAT SWEDERS Specialist (Signature) [Signature] Re-inspection Date: _____

OBSERVATIONS AND CORRECTIVE ACTIONS

6. RESTOCK & /OR REPAIR SINGLE SERVICE SOAP DISPENSER @ HAND WASH SINK

49. ADMIN & POST CURRENT & VALID HEALTH PERMIT.

Received by (Print)	<u>Mary Beth Carlson</u>	Title	<u>Cook Manager</u>
Received by (Signature)	<u>MB Carlson</u>		
Specialist (Print)	<u>PAT SANDERS</u>	Specialist (Signature)	<u>[Signature]</u>
		Re-inspection Date:	