



Date of Inspection: 5 JUN 14

Facility Name: ALPINE GRILL Phone Number 832-1200 PR ID # 1069
 Facility Site Address: 448 W STERNA City: PORTOLA Zip _____
 Permit #: Pending Exp Date: _____ Permit Holder: EDWARD KERGUSON 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>ROBEN LOPEZ</u> Exp. Date: <u>4/24/19</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				
X					Highly Susceptible Populations				
X					20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
PREVENTING CONTAMINATION BY HANDS					WATER/HOT WATER				
X					X				
5. Hands clean and properly washed; gloves used properly					21. Hot and cold water available				
X									
6. Adequate handwashing facilities supplied & accessible					Temp <u>71209x</u>				
TIME AND TEMPERATURE RELATIONSHIPS					LIQUID WASTE DISPOSAL				
X					X				
7. Proper hot and cold holding temperatures					22. Sewage and wastewater properly disposed				
X					VERMIN				
X					23. No rodents, insects, birds or animals				
X									
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					X				
36. Equipment, utensils and linens: storage and use									
37. Vending machines									
38. Adequate ventilation and lighting; designated areas, use									
					OUT				
					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 Renew				
					49. Permits Available				
					50. Impoundment				
					51. Permit Suspension				

Received by (Print) SCOTT CULBERT Title Kitchen Manager
 Received by (Signature) _____
 Specialist (Print) Rob Robinson Specialist (Signature) _____ Re-inspection Date: 26MAY

Facility Name: CANYON BAR & GRILL

FA ID # 1069

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OBSERVATIONS AND CORRECTIVE ACTIONS

- Food Handler Certification obtained -

#35) Thoroughly clean the cookline hood and cookline equipment of residue.

- SECURE THE CO2 BOTTLES FROM FALLING WITH A CHAIN OR CABLE - SEE BAR AREA

- Thoroughly clean the bar soda gun of residue

#45) Thoroughly clean the floor in the kitchen of residue especially under and behind equipment

ENSURE ALL PERSONNEL HAVE EITHER A FOOD HANDLER CERTIFICATION OR A CA FOOD HANDLER CARD

Received by (Print) Scott Gilbert

Title

Received by (Signature)

Specialist (Print)

Specialist (Signature)

Re-inspection Date:

Rob Robbette AC