



Date of Inspection: 23 MAR 15

Facility Name: HIGH STREET COFFEE Phone Number: (775) 223-9896 PR ID # 188  
 Facility Site Address: 2720 ASOLIAN CT City: CHILCOOT Zip: 96105  
 Permit #: 15-132881 Exp Date: 2/1/16 Permit Holder: Russ Dickman 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
<b>DEMONSTRATION OF KNOWLEDGE</b>					<b>FOOD FROM APPROVED SOURCES</b>				
X					X				
1. Demonstration of knowledge: food safety certification					15. Food obtained from approved source				
Food Safety Cert Name: <u>Russ Dickman</u> Exp. Date: <u>2/1/16</u>					16. Compliance with shell stock tags, condition, display				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>					17. Compliance with Gulf Oyster Regulations				
X					X				
2. Communicable disease: reporting, restrictions & exclusions					<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
X					X				
3. No discharge from eyes, nose, and mouth					18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
X					<b>CONSUMER ADVISORY</b>				
X					X				
4. Proper eating, tasting, drinking or tobacco use					19. Consumer advisory provided for raw or undercooked foods				
<b>PREVENTING CONTAMINATION BY HANDS</b>					<b>Highly Susceptible Populations</b>				
X					X				
5. Hands clean and properly washed; gloves used properly					20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
X					<b>WATER/HOT WATER</b>				
X					X				
6. Adequate handwashing facilities supplied & accessible					21. Hot and cold water available				
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					Temp _____				
X					<b>LIQUID WASTE DISPOSAL</b>				
X					X				
7. Proper hot and cold holding temperatures					22. Sewage and wastewater properly disposed				
X					<b>VERMIN</b>				
X					X				
8. Time as a public health control; procedures & records					23. No rodents, insects, birds, or animals				
X									
9. Proper cooling methods									
10. Proper cooking time & temperatures									
11. Proper reheating procedures for hot holding									
<b>PROTECTION FROM CONTAMINATION</b>									
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									

In	N/O-N/A	COS	MAJ	OUT
<b>SUPERVISION</b>				
				OUT
24. Person in charge present and performs duties				
<b>PERSONAL CLEANLINESS</b>				
25. Personal cleanliness and hair restraints				
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>				
26. Approved thawing methods used, frozen food				
27. Food separated and protected				
28. Washing fruits and vegetables				
29. Toxic substances properly identified, stored, used				
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>				
30. Food storage; food storage containers identified				
31. Consumer self-service				
32. Food properly labeled & honestly presented				
<b>EQUIPMENT/ UTENSILS/ LINENS</b>				
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				

In	N/O-N/A	COS	MAJ	OUT
39. Thermometers provided and accurate				
40. Wiping cloths: properly used and stored				
<b>PHYSICAL FACILITIES</b>				
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				
<b>PERMANENT FOOD FACILITIES</b>				
45. Floor, walls and ceilings: built, maintained, and clean				
46. No unapproved private homes/ living or sleeping quarters				
<b>SIGNS/ REQUIREMENTS</b>				
47. Signs posted; last inspection report available				
<b>COMPLIANCE &amp; ENFORCEMENT</b>				
48. Plan Review				
49. Permits Available				
50. Impoundment				
51. Permit Suspension				

Received by (Print) \_\_\_\_\_ Title \_\_\_\_\_  
 Received by (Signature) \_\_\_\_\_  
 Specialist (Print) \_\_\_\_\_ Specialist (Signature) \_\_\_\_\_ Re-inspection Date: 2/2/2015