



Date of Inspection: 25 MAR 13

Facility Name: COFFEE TREE EXPRESS Phone Number: 832-4563 PR ID # 114  
 Facility Site Address: 196 E STERNA City: PACTOLA Zip: 96172  
 Permit #: 15-132882 Exp Date: 2/1/16 Permit Holder: KIM CAREY  
 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 |
|---|---------|---|-----|-----|-----|
| <b>DEMONSTRATION OF KNOWLEDGE</b>               |         |   |     |     |     |
| X   |         | 1. Demonstration of knowledge; food safety certification                                    |     |     |     |
|   |         | Food Safety Cert Name: <u>Kim Carey</u> Exp. Date: <u>7/5/13</u>                            |     |     |     |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b> |         |   |     |     |     |
| X   |         | 2. Communicable disease; reporting, restrictions & exclusions                               |     |     |     |
| X   |         | 3. No discharge from eyes, nose, and mouth  |     |     |     |
| X   |         | 4. Proper eating, tasting, drinking or tobacco use  |     |     |     |
| <b>PREVENTING CONTAMINATION BY HANDS</b>        |         |   |     |     |     |
| X   |         | 5. Hands clean and properly washed; gloves used properly                                    |     |     |     |
| X   |         | 6. Adequate handwashing facilities supplied & accessible                                    |     |     |     |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>       |         |   |     |     |     |
| 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   |     |     |     |
| <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  |     |     |     |
| <b>FOOD FROM APPROVED SOURCES</b>               |         |   |     |     |     |
| X   |         | 15. Food obtained from approved source  |     |     |     |
| X   |         | 16. Compliance with shell stock tags, condition, display                                    |     |     |     |
| X   |         | 17. Compliance with Gull Oyster Regulations   |     |     |     |
| <b>CONFORMANCE WITH APPROVED PROCEDURES</b>     |         |   |     |     |     |
| X   |         | 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan   |     |     |     |
| <b>CONSUMER ADVISORY</b>                        |         |   |     |     |     |
| X   |         | 19. Consumer advisory provided for raw or undercooked foods                                 |     |     |     |
| <b>Highly Susceptible Populations</b>           |         |   |     |     |     |
| X   |         | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered |     |     |     |
| <b>WATER/HOT WATER</b>                          |         |   |     |     |     |
| X   |         | 21. Hot and cold water available Temp <u>120°F</u>  |     |     |     |
| <b>LIQUID WASTE DISPOSAL</b>                    |         |   |     |     |     |
| X   |         | 22. Sewage and wastewater properly disposed   |     |     |     |
| <b>VERMIN</b>                                   |         |   |     |     |     |
| X   |         | 23. No rodents, insects, birds, or animals  |     |     |     |
| <b>SUPERVISION</b>                              |         |   |     |     |     |
|   |         | 24. Person in charge present and performs duties  |     |     | OUT |
| <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                                |     |     |     |
| <b>PHYSICAL FACILITIES</b>                      |         |   |     |     |     |
|   |         | 39. Thermometers provided and accurate  |     |     |     |
|   |         | 40. Wiping cloths: properly used and stored   |     |     |     |
| <b>PERMANENT FOOD 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>SIGNS/ REQUIREMENTS</b>                      |         |   |     |     |     |
|   |         | 45. Floor, walls and ceilings: built, maintained, and clean                                 |     |     |     |
|   |         | 46. No unapproved private homes/ living or sleeping quarters                                |     |     |     |
| <b>COMPLIANCE &amp; ENFORCEMENT</b>             |         |   |     |     |     |
|   |         | 47. Signs posted; last inspection report available  |     |     |     |
|   |         | 48. Plan Review   |     |     |     |
|   |         | 49. Permits Available   |     |     |     |
|   |         | 50. Impoundment   |     |     |     |
|   |         | 51. Permit Suspension   |     |     |     |

Received by (Print) Kim Carey Title \_\_\_\_\_  
 Received by (Signature) [Signature]  
 Specialist (Print) Bob Robinson Specialist (Signature) [Signature] Re-inspection Date: 2/6/13