



Date of Inspection: 4 May 15

Facility Name: CANYON BIRL & GULL Phone Number: 932-1200 PR ID # 97
 Facility Site Address: 7354 HILLY RD City: PORTOLA Zip: _____
 Permit #: 15-135921 Exp Date: 6/2/15 Permit Holder: Raymond Preckwinkle 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				
				X
1. Demonstration of knowledge; food safety certification				
Food Safety Cart Name: <u>PENDING</u> Exp. Date: _____				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
X	X			
2. Communicable disease; reporting, restrictions & exclusions				
X				
3. No discharge from eyes, nose, and mouth				
X			X	
4. Proper eating, tasting, drinking or tobacco use				
PREVENTING CONTAMINATION BY HANDS				
X				
5. Hands clean and properly washed; gloves used properly				
	X		X	
6. Adequate handwashing facilities supplied & accessible				
TIME AND TEMPERATURE RELATIONSHIPS				
X				
7. Proper hot and cold holding temperatures				
X	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			X	
12. Returned and re-service of food				
X	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
FOOD FROM APPROVED SOURCES				
X	X			
15. Food obtained from approved source				
X				
16. Compliance with shell stock tags, condition, display				
X				
17. Compliance with Gull/Oyster Regulations				
CONFORMANCE WITH APPROVED PROCEDURES				
X				
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
CONSUMER ADVISORY				
X			X	
19. Consumer advisory provided for raw or undercooked foods				
Highly Susceptible Populations				
X				
20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
WATER/HOT WATER				
X	X			
21. Hot and cold water available Temp <u>72.0 F</u>				
LIQUID WASTE DISPOSAL				
X	X			
22. Sewage and wastewater properly disposed				
VERMIN				
X	X			
23. No rodents, insects, birds, or animals				

In	N/O-N/A	COS	MAJ	OUT
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				
			X	
34. Warewashing facilities: installed, maintained, used; test strips				
			X	
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				

In	N/O-N/A	COS	MAJ	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				
				X
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) Raymond Preckwinkle Title Owner
 Received by (Signature) [Signature]
 Specialist (Print) [Signature] Specialist (Signature) [Signature] Re-inspection Date: 4/6/15

OBSERVATIONS AND CORRECTIVE ACTIONS

- #1) Provide A CERTIFIED FOOD HANDLER AS SOON AS POSSIBLE - NOTE - DOWNS HAS TAKEN THE EXAM AND QS MONITORING EXAM RESULTS PLEASE FAX A COPY OF THE CERTIFICATE TO ENVIRONMENTAL HEALTH AGENCY IMMEDIATELY.
- #6) PREPARED DISPERSED DISPERSED AT 3:06 APPROXIMATE SIGHT AT TIME OF INSPECTOR (AS)
- #34) BEGIN AND/OR ADJUST THE WARMERS TO PROVIDE 50 PM AT AT FINAL RESET (ROUND AT 5:00 PM)
- #35) ~~REMOVE THE MESSING RA~~
- #35) - REMOVE THE BAND FROM PERSON PROVIDE DOLE APPROVED OUTLETS FOR CENTER DINNER EDDI PREPARE PERSON.
- PREPARED RESTROOM APPROVED HALLWAYS FOR MULTI-USE KNIVES AT THE COOKLINE - REMOVE THE WOOD BLOCK KNIFE HOLDER.
- #36) SEE #35 ABOVE
- #40) REPLACE THE MISSING FLY SCREEN AT THE KITCHEN WINDOWN.

Received by (Print) _____ Title _____

Received by (Signature) 

Specialist (Print) _____ Specialist (Signature)  Re-inspection Date: _____