



Date of Inspection: 5/13/15

Facility Name: LUPINE'S Phone Number 284-6959 PR ID # 202  
 Facility Site Address: 301 CROCKET City: Grassano Zip 95947  
 Permit #: 13-126942 Exp Date: 7/9/15 Permit Holder: Louis Lagaroni 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>				
	1. Demonstration of knowledge: food safety certification			X
	Food Safety Cert Name: <u>w/n 30 DAYS</u>			Exp. Date
<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			
	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			

In	N/O-N/A	COS	MAJ	OUT
<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 Gulf 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			

In	N/O-N/A	COS	MAJ	OUT
<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			

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) Louis LeBaron Title Owner  
 Received by (Signature) Louis LeBaron  
 Specialist (Print) PAT SAUNDERS Specialist (Signature) [Signature] Re-inspection Date: \_\_\_\_\_

Facility Name:

LUPINE'S

FA ID #

202

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OBSERVATIONS AND CORRECTIVE ACTIONS

1. OBTAIN VERIFICATION THAT AN EMPLOYEE IS ENROLLED IN A CLASS OR TEST FOR FOOD SAFETY CERTIFICATION. W/ IN 30 FORWARD PROOF OR COPY OF CERTIFICATION TO E.H. DAYS.

- NOTE: @ TIME OF INSPECTION DRY STORAGE GOODS BEING REWORKED INTO BULKING SURROUNDING WALK-IN. SEAL ALL DOORS & OPENINGS TO PREVENT VECTOR ENTRANCE

Received by (Print)

Louis LeBaron

Title

Owner

Received by (Signature)

Louis LeBaron

Specialist (Print)

PAT SANDERS

Specialist (Signature)

[Signature]

Re-inspection Date: