



Date of Inspection: 19 MAY 15

Facility Name: CHILCOOT FRESH Phone Number: 993-4287 PR ID # 110  
 Facility Site Address: 94177 Hwy 170 City: CHILCOOT Zip: 96109  
 Permit #: 15-135966 Exp Date: 3/1/16 Permit Holder: CAROLYN WIDMANN 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>                                       |         |     |     |     |
| <input checked="" type="checkbox"/>                                     |         |     |     |     |
| 1. Demonstration of knowledge: food safety certification                |         |     |     |     |
| Food Safety Cert Name: <u>CAROLYN WIDMANN</u> Exp. Date: <u>5/16/17</u> |         |     |     |     |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>                         |         |     |     |     |
| <input checked="" type="checkbox"/>                                     |         |     |     |     |
| 2. Communicable disease; reporting, restrictions & exclusions           |         |     |     |     |
| <input checked="" type="checkbox"/>                                     |         |     |     |     |
| 3. No discharge from eyes, nose, and mouth                              |         |     |     |     |
| <input checked="" type="checkbox"/>                                     |         |     |     |     |
| 4. Proper eating, tasting, drinking or tobacco use                      |         |     |     |     |
| <b>PREVENTING CONTAMINATION BY HANDS</b>                                |         |     |     |     |
| <input checked="" type="checkbox"/>                                     |         |     |     |     |
| 5. Hands clean and properly washed; gloves used properly                |         |     |     |     |
| <input checked="" type="checkbox"/>                                     |         |     |     |     |
| 6. Adequate handwashing facilities supplied & accessible                |         |     |     |     |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>                               |         |     |     |     |
| <input checked="" type="checkbox"/>                                     |         |     |     |     |
| 7. Proper hot and cold holding temperatures                             |         |     |     |     |
| <input checked="" type="checkbox"/>                                     |         |     |     |     |
| 8. Time as a public health control; procedures & records                |         |     |     |     |
| <input checked="" type="checkbox"/>                                     |         |     |     |     |
| 9. Proper cooling methods   |         |     |     |     |
| <input checked="" type="checkbox"/>                                     |         |     |     |     |
| 10. Proper cooking time & temperatures                                  |         |     |     |     |
| <input checked="" type="checkbox"/>                                     |         |     |     |     |
| 11. Proper reheating procedures for hot holding                         |         |     |     |     |
| <b>PROTECTION FROM CONTAMINATION</b>                                    |         |     |     |     |
| <input checked="" type="checkbox"/>                                     |         |     |     |     |
| 12. Returned and re-service of food                                     |         |     |     |     |
| <input checked="" type="checkbox"/>                                     |         |     |     |     |
| 13. Food in good condition, safe and unadulterated                      |         |     |     |     |
| <input checked="" type="checkbox"/>                                     |         |     |     |     |
| 14. Food contact surfaces: clean and sanitized                          |         |     |     |     |

  

| In  | N/O-N/A | COS | MAJ | OUT |
|---|---------|-----|-----|-----|
| <b>FOOD FROM APPROVED SOURCES</b>   |         |     |     |     |
| <input checked="" type="checkbox"/>   |         |     |     |     |
| 15. Food obtained from approved source  |         |     |     |     |
| <input checked="" type="checkbox"/>   |         |     |     |     |
| 16. Compliance with shell stock tags, condition, display                                    |         |     |     |     |
| <input checked="" type="checkbox"/>   |         |     |     |     |
| 17. Compliance with Gulf Oyster Regulations   |         |     |     |     |
| <b>CONFORMANCE WITH APPROVED PROCEDURES</b>   |         |     |     |     |
| <input checked="" type="checkbox"/>   |         |     |     |     |
| 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan   |         |     |     |     |
| <b>CONSUMER ADVISORY</b>  |         |     |     |     |
| <input checked="" type="checkbox"/>   |         |     |     |     |
| 19. Consumer advisory provided for raw or undercooked foods                                 |         |     |     |     |
| <b>Highly Susceptible Populations</b>   |         |     |     |     |
| <input checked="" type="checkbox"/>   |         |     |     |     |
| 20. Licensed health care facilities/ public & private schools; prohibited foods not offered |         |     |     |     |
| <b>WATER/HOT WATER</b>  |         |     |     |     |
| <input checked="" type="checkbox"/>   |         |     |     |     |
| 21. Hot and cold water available Temp <u>71/20</u>  |         |     |     |     |
| <b>LIQUID WASTE DISPOSAL</b>  |         |     |     |     |
| <input checked="" type="checkbox"/>   |         |     |     |     |
| 22. Sewage and wastewater properly disposed   |         |     |     |     |
| <b>VERMIN</b>   |         |     |     |     |
| <input checked="" type="checkbox"/>   |         |     |     |     |
| 23. No rodents, insects, birds, or animals  |         |     |     |     |

| In  | N/O-N/A | COS | MAJ | OUT |
|---|---------|-----|-----|-----|
| <b>SUPERVISION</b>  |         |     |     |     |
| <input checked="" type="checkbox"/>                                       |         |     |     |     |
| 24. Person in charge present and performs duties                          |         |     |     |     |
| <b>PERSONAL CLEANLINESS</b>   |         |     |     |     |
| <input checked="" type="checkbox"/>                                       |         |     |     |     |
| 25. Personal cleanliness and hair restraints                              |         |     |     |     |
| <b>GENERAL FOOD SAFETY REQUIREMENTS</b>                                   |         |     |     |     |
| <input checked="" type="checkbox"/>                                       |         |     |     |     |
| 26. Approved thawing methods used; frozen food                            |         |     |     |     |
| <input checked="" type="checkbox"/>                                       |         |     |     |     |
| 27. Food separated and protected  |         |     |     |     |
| <input checked="" type="checkbox"/>                                       |         |     |     |     |
| 28. Washing fruits and vegetables   |         |     |     |     |
| <input checked="" type="checkbox"/>                                       |         |     |     |     |
| 29. Toxic substances properly identified, stored, used                    |         |     |     |     |
| <b>FOOD STORAGE/ DISPLAY/ SERVICE</b>                                     |         |     |     |     |
| <input checked="" type="checkbox"/>                                       |         |     |     |     |
| 30. Food storage; food storage containers identified                      |         |     |     |     |
| <input checked="" type="checkbox"/>                                       |         |     |     |     |
| 31. Consumer self-service   |         |     |     |     |
| <input checked="" type="checkbox"/>                                       |         |     |     |     |
| 32. Food properly labeled & honestly presented                            |         |     |     |     |
| <b>EQUIPMENT/ UTENSILS/ LINENS</b>  |         |     |     |     |
| <input checked="" type="checkbox"/>                                       |         |     |     |     |
| 33. Nonfood contact surfaces clean  |         |     |     |     |
| <input checked="" type="checkbox"/>                                       |         |     |     |     |
| 34. Warewashing facilities; installed, maintained, used; test strips      |         |     |     |     |
| <input checked="" type="checkbox"/>                                       |         |     |     |     |
| 35. Equipment/ Utensils approved; installed; clean; good repair; capacity |         |     |     |     |
| <input checked="" type="checkbox"/>                                       |         |     |     |     |
| 36. Equipment, utensils and linens: storage and use                       |         |     |     |     |
| <input checked="" type="checkbox"/>                                       |         |     |     |     |
| 37. Vending machines  |         |     |     |     |
| <input checked="" type="checkbox"/>                                       |         |     |     |     |
| 38. Adequate ventilation and lighting; designated areas, use              |         |     |     |     |

| In  | N/O-N/A | COS | MAJ | OUT |
|---|---------|-----|-----|-----|
| <input checked="" type="checkbox"/>                             |         |     |     |     |
| 39. Thermometers provided and accurate                          |         |     |     |     |
| <input checked="" type="checkbox"/>                             |         |     |     |     |
| 40. Wiping cloths: properly used and stored                     |         |     |     |     |
| <b>PHYSICAL FACILITIES</b>                                      |         |     |     |     |
| <input checked="" type="checkbox"/>                             |         |     |     |     |
| 41. Plumbing; proper backflow devices                           |         |     |     |     |
| <input checked="" type="checkbox"/>                             |         |     |     |     |
| 42. Garbage and refuse properly disposed; facilities maintained |         |     |     |     |
| <input checked="" type="checkbox"/>                             |         |     |     |     |
| 43. Toilet facilities: properly constructed, supplied, cleaned  |         |     |     |     |
| <input checked="" type="checkbox"/>                             |         |     |     |     |
| 44. Premises: personal/cleaning items; vermin-proofing          |         |     |     |     |
| <b>PERMANENT FOOD FACILITIES</b>                                |         |     |     |     |
| <input checked="" type="checkbox"/>                             |         |     |     |     |
| 45. Floor, walls and ceilings: built, maintained, and clean     |         |     |     |     |
| <input checked="" type="checkbox"/>                             |         |     |     |     |
| 46. No unapproved private homes/ living or sleeping quarters    |         |     |     |     |
| <b>SIGNS/ REQUIREMENTS</b>                                      |         |     |     |     |
| <input checked="" type="checkbox"/>                             |         |     |     |     |
| 47. Signs posted; last inspection report available              |         |     |     |     |
| <b>COMPLIANCE &amp; ENFORCEMENT</b>                             |         |     |     |     |
| <input checked="" type="checkbox"/>                             |         |     |     |     |
| 48. Plan Review   |         |     |     |     |
| <input checked="" type="checkbox"/>                             |         |     |     |     |
| 49. Permits Available   |         |     |     |     |
| <input checked="" type="checkbox"/>                             |         |     |     |     |
| 50. Impoundment   |         |     |     |     |
| <input checked="" type="checkbox"/>                             |         |     |     |     |
| 51. Permit Suspension   |         |     |     |     |

Received by (Print) Carolyn Widman Title Owner

Received by (Signature) Carolyn Widman

Specialist (Print) Rob Kinnally Specialist (Signature) [Signature] Re-inspection Date: 6/2/17