



Date of Inspection: 7/13/15

Facility Name: KNIGHT PINE RESORT Phone Number: 530-4545 PR ID #: 487
 Facility Site Address: 430 PEARSONA City: LAKE ANNE Zip: 96137
 Permit #: 15-135907 Exp Date: 5/1/16 Permit Holder: BRETT WENACK Type of Inspection: Roofing

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
DEMONSTRATION OF KNOWLEDGE					FOOD FROM APPROVED SOURCES				
X					X				
1. Demonstration of knowledge: food safety certification					15. Food obtained from approved source				
Food Safety Cert Name: <u>Nov-Prose: Pns Paulausg.</u> Exp. Date: _____					16. Compliance with shell stock tags, condition, display				
EMPLOYEE HEALTH & HYGIENIC PRACTICES					17. Compliance with Gulf Oyster Regulations				
X					CONFORMANCE WITH APPROVED PROCEDURES				
2. Communicable disease; reporting, restrictions & exclusions					18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
X					CONSUMER ADVISORY				
X					19. Consumer advisory provided for raw or undercooked foods				
X					Highly Susceptible Populations				
3. No discharge from eyes, nose, and mouth					20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
X					WATER/HOT WATER				
X					21. Hot and cold water available Temp @ <u>Resort</u>				
X					LIQUID WASTE DISPOSAL				
4. Proper eating, tasting, drinking or tobacco use					22. Sewage and wastewater properly disposed				
PREVENTING CONTAMINATION BY HANDS					VERMIN				
X					23. No rodents, insects, birds, or animals				
5. Hands clean and properly washed; gloves used properly									
X									
6. Adequate handwashing facilities supplied & accessible @ <u>Resort</u>									
TIME AND TEMPERATURE RELATIONSHIPS									
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									
PROTECTION FROM CONTAMINATION									
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									

SUPERVISION		OUT			39. Thermometers provided and accurate		OUT
24. Person in charge present and performs duties					40. Wiping cloths: properly used and stored		
PERSONAL CLEANLINESS					PHYSICAL FACILITIES		
25. Personal cleanliness and hair restraints					41. Plumbing: proper backflow devices		
GENERAL FOOD SAFETY REQUIREMENTS					42. Garbage and refuse properly disposed; facilities maintained		
26. Approved thawing methods used, frozen food					43. Toilet facilities: properly constructed, supplied, cleaned		
27. Food separated and protected					44. Premises; personal/cleaning items; vermin-proofing		
28. Washing fruits and vegetables					PERMANENT FOOD FACILITIES		
29. Toxic substances properly identified, stored, used					45. Floor, walls and ceilings: built, maintained, and clean		
FOOD STORAGE/ DISPLAY/ SERVICE					46. No unapproved private homes/ living or sleeping quarters		
30. Food storage; food storage containers identified					SIGNS/ REQUIREMENTS		
31. Consumer self-service					47. Signs posted; last inspection report available		
32. Food properly labeled & honestly presented					COMPLIANCE & ENFORCEMENT		
EQUIPMENT/ UTENSILS/ LINENS					48. Plan Review		
33. Nonfood contact surfaces clean					49. Permits Available		
34. Warewashing facilities: installed, maintained, used; test strips					50. Impoundment		
35. Equipment/ Utensils approved: installed; clean; good repair; capacity					51. Permit Suspension		
36. Equipment, utensils and linens: storage and use							
37. Vending machines							
38. Adequate ventilation and lighting; designated areas; use							

Received by (Print) Courtney Beckman Title _____
 Received by (Signature) Courtney Beckman
 Specialist (Print) Pat Saunders Specialist (Signature) [Signature] Re-inspection Date: _____