



Date of Inspection: 7/27/15

Facility Name: PAUL BOWMAN RESORT Phone Number 596-4700 PR ID # 224
 Facility Site Address: 443 Peninsula Dr City: LAKE AVARAGE Zip 96137
 Permit #: _____ Exp Date: _____ Permit Holder: _____
 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 Cert Name: <u>SUBMIT BY 7/31/15</u> Exp. Date				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
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				
PREVENTING CONTAMINATION BY HANDS				
X				
5. Hands clean and properly washed; gloves used properly				
X	/		/	
6. Adequate handwashing facilities supplied & accessible				
TIME AND TEMPERATURE RELATIONSHIPS				
				X
7. Proper hot and cold holding temperatures				
	X			
8. Time as a public health control; procedures & records				
X	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				

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
X	/			
15. Food obtained from approved source				
X				
16. Compliance with shell stock tags, condition, display				
X				
17. Compliance with Gulf Oyster Regulations				
CONFORMANCE WITH APPROVED PROCEDURES				
X				
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
CONSUMER ADVISORY				
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	/			
21. Hot and cold water available Temp <u>120°F</u>				
LIQUID WASTE DISPOSAL				
X	/			
22. Sewage and wastewater properly disposed				
VERMIN				
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				
				X
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				
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
				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				
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				
				X
49. Permits Available				
50. Impoundment				
51. Permit Suspension				

Received by (Print) Yesenia Melendrez Title _____
 Received by (Signature) Yesenia Melendrez
 Specialist (Print) PAT SANDERS Specialist (Signature) [Signature] Re-inspection Date: _____

Facility Name: PAUL BUNYAN RESORT

FA ID # 224

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OBSERVATIONS AND CORRECTIVE ACTIONS

1. A CURRENT FOOD SAFETY CERTIFICATION TO BE SUBMITTED TO ENVIRONMENTAL HEALTH BY 7/31/15. DUE TO EXTENDED AMOUNT OF TIME THAT THE FACILITY HAS BEEN OUT OF COMPLIANCE W/ THIS REQ THE FACILITY SHALL CEASE OPERATION IF CERTIFICATION IS NOT RECEIVED BY DEADLINE DATE.

7. SMALL "SAVED" REFRIGERATION UNIT OUT OF TEMP @ TIME OF INSPECTION, UNIT @ 50°F+. ALL PERISHABLE FOOD RELOCATED INTO REFRIGERATION UNIT THAT WAS COMPROMISED @ 41°F.

30. ALL FOOD TO BE STORED UP OFF OF FLOOR ON APPROVED SHELVING. FOOD DEMONSTRATING WALK-IN REFRIGERATION UNIT PLACED ON A TRAY THAT WENT FLOOR. FOOD TO BE A MIN 6" UP OFF OF FLOOR.

49. A CURRENT & VALID HEALTH PERMIT TO BE POSTED @ SITE.

Received by (Print) Yesenia Melendrez

Title

Received by (Signature) Yesenia Melendrez

Specialist (Print) PAT SANDERS

Specialist (Signature) [Signature]

Re-inspection Date: