



Date of Inspection: 7/15/16

Facility Name: INDIAN PEAK VILLAGES Phone Number 836-2466 PR ID # 170
 Facility Site Address: 7481 Hwy 89 City: GRAENE Zip _____
 Permit # 15-138335 Exp Date: 7/15/16 Permit Holder: TREVOR BARTZOTT
 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:		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			
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 Gull 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				
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				
	X			
24. Person in charge present and performs duties				
PERSONAL CLEANLINESS				
	X			
25. Personal cleanliness and hair restraints				
GENERAL FOOD SAFETY REQUIREMENTS				
	X			
26. Approved thawing methods used, frozen food				
	X			
27. Food separated and protected				
	X			
28. Washing fruits and vegetables				
	X			
29. Toxic substances properly identified, stored, used				
FOOD STORAGE/ DISPLAY/ SERVICE				
	X			
30. Food storage; food storage containers identified				
	X			
31. Consumer self-service				
	X			
32. Food properly labeled & honestly presented				
EQUIPMENT/ UTENSILS/ LINENS				
	X			
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				
	X			
37. Vending machines				
	X			
38. Adequate ventilation and lighting; designated areas; use				

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

Received by (Print) TREVOR BARTZOTT Title OWNER
 Received by (Signature) _____
 Specialist (Print) _____ Specialist (Signature) _____
 Re-inspection Date: 2/12/2017