



Date of Inspection: 7 AUG 15

Facility Name: GRIZELY GRILL / MOUNTAIN CUISINE Phone Number 836-1300 PR ID # 160  
 Facility Site Address: 250 BIRCH ST City: BLOOMSBURY Zip 96003  
 Permit #: 15-136064 Exp Date: 12/29/15 Permit Holder: CHRIS SIMONE  
 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>				
				X
1. Demonstration of knowledge: food safety certification				
Food Safety Cert Name: <u>PENDING</u> Exp. Date				
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
X	X			
2. Communicable disease; reporting, restrictions & exclusions				
X				
3. No discharge from eyes, nose, and mouth				
X			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	X			
6. Adequate handwashing facilities supplied & accessible				
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
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				
<b>PROTECTION FROM CONTAMINATION</b>				
X			X	
12. Returned and re-service of food				
X	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	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			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	X			
21. Hot and cold water available Temp <u>&gt;120°F</u>				
<b>LIQUID WASTE DISPOSAL</b>				
X	X			
22. Sewage and wastewater properly disposed				
<b>VERMIN</b>				
X	X			
23. No rodents, insects, birds, or animals				

In	N/O-N/A	COS	MAJ	OUT
<b>SUPERVISION</b>				
				OUT
24. Person in charge present and performs duties				
<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
				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) Chris Simone Title Owner  
 Received by (Signature) [Signature]  
 Specialist (Print) Rob Reinhart Specialist (Signature) [Signature] Re-inspection Date: 4/6/16

Facility Name:

*Grizzly Grill & MTH OUTLINE*

PA ID #

*160*

Pg *2* of *2*

Date of Inspection:

*7/15/15*

OBSERVATIONS AND CORRECTIVE ACTIONS

*(1) obtain a certified food handler as soon as practical*

Received by (Print)

Title

Received by (Signature)

Specialist (Print)

Specialist (Signature)

Re-inspection Date: