



Date of Inspection: 9/28/15

Facility Name: THE LOCUST ROOM Phone Number 258-5010 PR ID # _____
 Facility Site Address: 300 MAIN City: CHESTER Zip 96020
 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>W/IN 30 DAYS</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				
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				
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				
				X
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
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				
				X
46. No unapproved private homes/ living or sleeping quarters				
SIGNS/ REQUIREMENTS				
47. Signs posted; last inspection report available				
COMPLIANCE & ENFORCEMENT				
48. Plan Review				
49. Permits Available				
50. Impoundment				
51. Permit Suspension				

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

Facility Name:

THE LOUVER ROOM

FA ID #

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OBSERVATIONS AND CORRECTIVE ACTIONS

7. ADJUST PIZZA PREP REFRIGERATION UNIT TO OBTAIN & HOLD 41°F OR BELOW.
UNIT @ 46°F @ TIME OF INSPECTION.

34. DISHWASHER NOT SANITIZING @ TIME OF INSPECTION, UNTIL REPAIRS ALL DISHWASHER TO
BE MANUALLY SANITIZED IN 3-COMPARTMENT SINK

45. CLEAN AREAS UNDER EQUIPMENT ON A ROUTINE BASIS.
CLEAN CEILING IN PREP AREA, ADJACENT TO MECHANICAL VENTILATION

1. ONE EMPLOYEE TO OBTAIN THE MANAGER'S FOOD SAFETY CERTIFICATION. COPY OF
CERTIFICATION OR PROOF THAT TRAINING OR TEST HAS BEEN ENROLLED IN, TO BE
FORWARDED TO E.H. W/IN 30 DAYS

49. OBTAIN & POST CURRENT & VALID HEALTH PERMIT

Received by (Print)

Cheri Houyittan

Title

Received by (Signature)

[Signature]

Specialist (Print)

PAT SANDOZ

Specialist (Signature)

[Signature]

Re-inspection Date: