



Date of Inspection: 10/20/15

Facility Name: CHESTER SHELL Phone Number 258-3597 PR ID # 109  
 Facility Site Address: 314 MAIN City: CHESTER Zip 96020  
 Permit #: 15-135977-A Exp Date: 6/24/16 Permit Holder: MAURICE LAWSON 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>JENESSA HOYE</u> Exp. Date <u>6/3/16</u>			
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>					
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			
<b>PREVENTING CONTAMINATION BY HANDS</b>					
X		5. Hands clean and properly washed; gloves used properly			
		6. Adequate handwashing facilities supplied & accessible			X
<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		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
<b>FOOD FROM APPROVED SOURCES</b>					
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	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		21. Hot and cold water available Temp <u>130°F</u>			
<b>LIQUID WASTE DISPOSAL</b>					
X		22. Sewage and wastewater properly disposed			
<b>VERMIN</b>					
X		23. No rodents, insects, birds, or animals			

	OUT
<b>SUPERVISION</b>	
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	

  

	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) \_\_\_\_\_ Title \_\_\_\_\_  
 Received by (Signature) \_\_\_\_\_  
 Specialist (Print) PAT SAUCIS Specialist (Signature) \_\_\_\_\_ Re-inspection Date: \_\_\_\_\_

Facility Name:

CHESTER SHEL

FA ID # 109

Pg 2 of 2

Date of Inspection: 10/20/15

OBSERVATIONS AND CORRECTIVE ACTIONS

6. RE-STOCK PAPER TOWELS IN RESTROOM FACILITY.

Received by (Print)

Title

Received by (Signature)

Specialist (Print)

RAT SANDOZ

Specialist (Signature)

Re-inspection Date: