



Date of Inspection: 7/24/15

Facility Name: Golden Coach RV Phone Number \_\_\_\_\_ PR ID # 142  
 Facility Site Address: 59704 Hwy 70 City: Cramberg Zip: 96103  
 Permit #: Pending Exp Date: 7/23/16 Permit Holder: Kathy Wells  
 Type of Inspection: Pre-Opening

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>					
✓		1. Demonstration of knowledge: food safety certification			
Food Safety Cert Name: <u>Kathy Wells</u> Exp. Date: <u>4/22/20</u>					
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>					
✓		2. Communicable disease; reporting, restrictions & exclusions			
✓		3. No discharge from eyes, nose, and mouth			
✓		4. Proper eating, tasting, drinking or tobacco use			
<b>PREVENTING CONTAMINATION BY HANDS</b>					
✓		5. Hands clean and properly washed; gloves used properly			
✓		6. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					
✓		7. Proper hot and cold holding temperatures			
✓		8. Time as a public health control; procedures & records			
✓		9. Proper cooling methods			
✓		10. Proper cooking time & temperatures			
✓		11. Proper reheating procedures for hot holding			
<b>PROTECTION FROM CONTAMINATION</b>					
✓		12. Returned and re-service of food			
✓		13. Food in good condition, safe and unadulterated			
✓		14. Food contact surfaces: clean and sanitized			

In	N/O-N/A		COS	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>					
✓		15. Food obtained from approved source			
✓		16. Compliance with shell stock tags, condition, display			
✓		17. Compliance with Gulf Oyster Regulations			
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>					
✓		18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
<b>CONSUMER ADVISORY</b>					
✓		19. Consumer advisory provided for raw or undercooked foods			
<b>Highly Susceptible Populations</b>					
✓		20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
<b>WATER/HOT WATER</b>					
✓		21. Hot and cold water available			
<b>LIQUID WASTE DISPOSAL</b>					
✓		22. Sewage and wastewater properly disposed			
<b>VERMIN</b>					
✓		23. No rodents, insects, birds, or animals			

<b>SUPERVISION</b>					
24. Person in charge present and performs duties					OUT
<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					

39. Thermometers provided and accurate					OUT
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) KATHLEEN WELLS Title \_\_\_\_\_  
 Received by (Signature) Kathleen Wells  
 Specialist (Print) Deborah Anderson Specialist (Signature) Deborah Anderson Re-inspection Date: 30-days

Facility Name: Golden Coach RV

FA ID # 142

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OBSERVATIONS AND CORRECTIVE ACTIONS

(27) Store ice scoop away from ice. Corrected.

Note: Bake meats rather than grilling until fire suppression system installed. OK to BBQ burgers and hot dogs outside.  
Obtain fire extinguisher for kitchen.

Food facility approved to operate.

Received by (Print)

KATHLEEN WEARS

Title

Owner

Received by (Signature)

Kathleen Wears

Specialist (Print)

Deborah Anderson

Specialist (Signature)

Deborah Anderson

Re-inspection Date:

30 days