



Date of Inspection: 7 DEC 15

Facility Name: LUPINES Phone Number: 284-6959 PR ID # 202
 Facility Site Address: 301 CRESCENT City: GREENVILLE Zip: 95947
 Permit #: 15-136071 Exp Date: 7/9/16 Permit Holder: LANIS LEBARON 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 | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 1. Demonstration of knowledge: food safety certification | | | | |
| Food Safety Cert Name: <u>KELLY CARSON</u> Exp. Date: <u>9/14/20</u> | | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 2. Communicable disease; reporting, restrictions & exclusions | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 3. No discharge from eyes, nose, and mouth | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 4. Proper eating, tasting, drinking or tobacco use | | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 5. Hands clean and properly washed; gloves used properly | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 6. Adequate handwashing facilities supplied & accessible | | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 7. Proper hot and cold holding temperatures | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 8. Time as a public health control; procedures & records | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 9. Proper cooling methods | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 10. Proper cooking time & temperatures | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 11. Proper reheating procedures for hot holding | | | | |
| PROTECTION FROM CONTAMINATION | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 12. Returned and re-service of food | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 13. Food in good condition, safe and unadulterated | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 14. Food contact surfaces: clean and sanitized | | | | |

| In | N/O-N/A | COS | MAJ | OUT |
|---|---------|-----|-----|-----|
| FOOD FROM APPROVED SOURCES | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 15. Food obtained from approved source | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 16. Compliance with shell stock tags, condition, display | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 17. Compliance with Gull Oyster Regulations | | | | |
| CONFORMANCE WITH APPROVED PROCEDURES | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | | |
| CONSUMER ADVISORY | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 19. Consumer advisory provided for raw or undercooked foods | | | | |
| Highly Susceptible Populations | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 20. Licensed health care facilities/ public & private schools: prohibited foods not offered | | | | |
| WATER/HOT WATER | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 21. Hot and cold water available Temp <u>120°F</u> | | | | |
| LIQUID WASTE DISPOSAL | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 22. Sewage and wastewater properly disposed | | | | |
| VERMIN | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 23. No rodents, insects, birds, or animals | | | | |

| In | N/O-N/A | COS | MAJ | OUT |
|---|---------|-----|-----|-----|
| SUPERVISION | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 24. Person in charge present and performs duties | | | | |
| PERSONAL CLEANLINESS | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 25. Personal cleanliness and hair restraints | | | | |
| GENERAL FOOD SAFETY REQUIREMENTS | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 26. Approved thawing methods used, frozen food | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 27. Food separated and protected | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 28. Washing fruits and vegetables | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 29. Toxic substances properly identified, stored, used | | | | |
| FOOD STORAGE/ DISPLAY/ SERVICE | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 30. Food storage: food storage containers identified | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 31. Consumer self-service | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 32. Food properly labeled & honestly presented | | | | |
| EQUIPMENT/ UTENSILS/ LINENS | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 33. Nonfood contact surfaces clean | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 34. Warewashing facilities: installed, maintained, used; test strips | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 35. Equipment/ Utensils approved; installed; clean; good repair; capacity | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 36. Equipment, utensils and linens: storage and use | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 37. Vending machines | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 38. Adequate ventilation and lighting; designated areas, use | | | | |

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

Received by (Print) Lanis LeBaron Title Owner
 Received by (Signature) Lanis LeBaron
 Specialist (Print) Rob Kominette Specialist (Signature) RK Re-inspection Date: 2/6/16

OBSERVATIONS AND CORRECTIVE ACTIONS

#13) - DISCONTINUE PLACING SOUP IN SEALED CONTAINERS (MASON TYPE JARS W/ SEALING LIDS)
- COOL SOUP IN OPEN CONTAINERS W/ LOOSE FITTING LIDS.
- YOU MAY USE MASON JARS IF THE SEALING LID IS TURNED UP SO THE LID DOES NOT SEAL TO THE JAR.

PURSUANT TO FOOD CODE SECTIONS 114023, 113805 AND 113871 C4.

Received by (Print) Louis LoBarr Title Owner
Received by (Signature) Louis LoBarr
Specialist (Print) Rob Schmitt Specialist (Signature) [Signature] Re-inspection Date: