



Date of Inspection: 9/18/15

Facility Name: TAYLORSVILLE TRAVEL Phone Number: 289-9985 PR ID # 195
 Facility Site Address: 4400 MAIN City: TAYLORSVILLE Zip: 95983
 Permit #: PENDING Exp Date: _____ Permit Holder: ANTHONY BARRONINO 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				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
PREVENTING CONTAMINATION BY HANDS				
TIME AND TEMPERATURE RELATIONSHIPS				
PROTECTION FROM CONTAMINATION				

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
CONFORMANCE WITH APPROVED PROCEDURES				
CONSUMER ADVISORY				
Highly Susceptible Populations				
WATER/HOT WATER				
LIQUID WASTE DISPOSAL				
VERMIN				

In	N/O-N/A	COS	MAJ	OUT
SUPERVISION				
PERSONAL CLEANLINESS				
GENERAL FOOD SAFETY REQUIREMENTS				
FOOD STORAGE/ DISPLAY/ SERVICE				
EQUIPMENT/ UTENSILS/ LINENS				

In	N/O-N/A	COS	MAJ	OUT
PHYSICAL FACILITIES				
PERMANENT FOOD FACILITIES				
SIGNS/ REQUIREMENTS				
COMPLIANCE & ENFORCEMENT				

Received by (Print) Deborah Allen Title bartender
 Received by (Signature) Deborah Allen
 Specialist (Print) Rob Robinson Specialist (Signature) AR Re-inspection Date: 10/10/15

Facility Name:

TAYLORSVILLE TAVERN

FA ID #

195

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Date of Inspection:

9/28/15

OBSERVATIONS AND CORRECTIVE ACTIONS

#1) OBTAIN A CERTIFIED FOOD HANDLER AS SOON AS POSSIBLE.

#36) DISCONTINUE USING "CROCK POT" CERAMIC TYPE COOKERS - USE COMMERCIAL RESTAURANT APPROVED SOUP POTS FOR HEATING SOUP.

Received by (Print)

Title

Received by (Signature)

Deborah Allen

Specialist (Print)

Specialist (Signature)

John Robinson

Re-inspection Date: