



Date of Inspection: 1/4/16

Facility Name: Moons Phone Number 283-9900 PR ID # 207
 Facility Site Address: 497 Lawrence City: Quincy Zip 95971
 Permit #: 15-135903 Exp Date: 5/15/16 Permit Holder: Mike + Lisa Kelly 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					
✓		1. Demonstration of knowledge: food safety certification			
Food Safety Cert Name: <u>Lisa Kelly</u> Exp. Date: <u>8/8/17</u>					
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
✓		2. Communicable disease; reporting, restrictions & exclusions			
✓		3. No discharge from eyes, nose, and mouth			
✓		4. Proper eating, tasting, drinking or tobacco use			
PREVENTING CONTAMINATION BY HANDS					
✓		5. Hands clean and properly washed; gloves used properly			
✓		6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS					
✓		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			
PROTECTION FROM CONTAMINATION					
✓		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
FOOD FROM APPROVED SOURCES					
✓		15. Food obtained from approved source			
✓		16. Compliance with shell stock tags, condition, display			
✓		17. Compliance with Gulf Oyster Regulations			
CONFORMANCE WITH APPROVED PROCEDURES					
✓		18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
CONSUMER ADVISORY					
✓		19. Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations					
✓		20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
WATER/HOT WATER					
✓		21. Hot and cold water available Temp <u>135°F</u>			
LIQUID WASTE DISPOSAL					
✓		22. Sewage and wastewater properly disposed			
VERMIN					
✓		23. No rodents, insects, birds, or animals			

	OUT		OUT
SUPERVISION			
24. Person in charge present and performs duties		39. Thermometers provided and accurate	
PERSONAL CLEANLINESS			
25. Personal cleanliness and hair restraints		40. Wiping cloths: properly used and stored	
GENERAL FOOD SAFETY REQUIREMENTS			
26. Approved thawing methods used, frozen food		PHYSICAL FACILITIES	
27. Food separated and protected		41. Plumbing: proper backflow devices	
28. Washing fruits and vegetables		42. Garbage and refuse properly disposed, facilities maintained	
29. Toxic substances properly identified, stored, used		43. Toilet facilities: properly constructed, supplied, cleaned	
FOOD STORAGE/ DISPLAY/ SERVICE			
30. Food storage: food storage containers identified		44. Premises: personal/cleaning items: vermin-proofing	
31. Consumer self-service		PERMANENT FOOD FACILITIES	
32. Food properly labeled & honestly presented		45. Floor, walls and ceilings: built, maintained, and clean	
EQUIPMENT/ UTENSILS/ LINENS			
33. Nonfood contact surfaces clean		46. No unapproved private homes/ living or sleeping quarters	
34. Warewashing facilities: installed, maintained, used; test strips		SIGNS/ REQUIREMENTS	
35. Equipment/ Utensils approved, installed; clean; good repair; capacity		47. Signs posted; last inspection report available	
36. Equipment, utensils and linens: storage and use		COMPLIANCE & ENFORCEMENT	
37. Vending machines		48. Plan Review	
38. Adequate ventilation and lighting; designated areas, use		49. Permits Available	
		50. Impoundment	
		51. Permit Suspension	

Received by (Print) Lisa Kelly Title owner
 Received by (Signature) Lisa Kelly
 Specialist (Print) Deborah Anderson Specialist (Signature) Deborah Anderson Re-inspection Date: Routine