



Date of Inspection: 21 JAN 16

Facility Name: MICASITA - CHESTER Phone Number: 258-1879 PR ID #: 156  
 Facility Site Address: 655 MAIN City: CHESTER Zip: 96000  
 Permit #: 15-132868 Exp Date: 2/1/16 Permit Holder: MARGARET-ROSES  
 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-NA	COS	MAJ	OUT
<b>DEMONSTRATION OF KNOWLEDGE</b>				
X				
1. Demonstration of knowledge: food safety certification				
Food Safety Cert Name: FLORIO PACHECO Exp. Date: 2/10/19				
<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				
X				
6. Adequate handwashing facilities supplied & accessible				
<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-NA	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 Gull 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 110° X				
<b>LIQUID WASTE DISPOSAL</b>				
X				
22. Sewage and wastewater properly disposed				
<b>VERMIN</b>				
X				
23. No rodents, insects, birds, or animals				

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

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

Received by (Print) Claudia Marquez Title  
 Received by (Signature) Claudia Marquez  
 Specialist (Print) Specialist (Signature) Re-inspection Date: 16 NOV

OBSERVATIONS AND CORRECTIVE ACTIONS

#19) KNIVES REMOVED FROM STORAGE BETWEEN STEAM TABLE AND PREP REFRIGERATOR AT TIME OF INSPECTION (COS)

#21) HOT WATER HEATER ADJUSTED AT TIME OF INSPECTION (COS) FOUND AT 110°F.

#36) THOROUGHLY CLEAN THE HOOD AT THE COOK LINE OF RESIDUE.

#45) - THOROUGHLY CLEAN THE WALL AND FLOOR AT THE COOK LINE OF RESIDUE  
- REPAIR THE STORAGE ROOM CEILING - PROVIDE A CEILING THAT IS FREE OF HOLES AND GAPS THAT IS EASILY CLEANABLE AND IN GOOD REPAIR.

Received by (Print)

Title

Received by (Signature)

Claudia Marquez

Specialist (Print)

Specialist (Signature)

R. B. [Signature]

Re-inspection Date: