



Date of Inspection: 17MAY16

Facility Name: COFFEE STATION Phone Number 258-4122 PR ID # 113
 Facility Site Address: 192 MAIN ST City: CHESTER Zip 96020
 Permit #: 15-136037 Exp Date: 4/24/16 Permit Holder: BRENDA LEMONS
 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				
X				
1. Demonstration of knowledge: food safety certification				
Food Safety Cert Name: <u>BRENDA LEMONS</u> Exp. Date: <u>8/26/18</u>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
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				
PREVENTING CONTAMINATION BY HANDS				
X				
5. Hands clean and properly washed; gloves used properly				
X				
6. Adequate handwashing facilities supplied & accessible				
TIME AND TEMPERATURE RELATIONSHIPS				
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				
PROTECTION FROM CONTAMINATION				
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-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
X				
15. Food obtained from approved source				
X				
16. Compliance with shell stock tags, condition, display				
X				
17. Compliance with Gulf Oyster Regulations				
CONFORMANCE WITH APPROVED PROCEDURES				
X				
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
CONSUMER ADVISORY				
X				
19. Consumer advisory provided for raw or undercooked foods				
Highly Susceptible Populations				
X				
20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
WATER/HOT WATER				
X				
21. Hot and cold water available Temp				
LIQUID WASTE DISPOSAL				
X				
22. Sewage and wastewater properly disposed				
VERMIN				
X				
23. No rodents, insects, birds, or animals				

In	N/O-N/A	COS	MAJ	OUT
SUPERVISION				
X				
24. Person in charge present and performs duties				
PERSONAL CLEANLINESS				
X				
25. Personal cleanliness and hair restraints				
GENERAL FOOD SAFETY REQUIREMENTS				
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				
FOOD STORAGE/ DISPLAY/ SERVICE				
X				
30. Food storage: food storage containers identified				
X				
31. Consumer self-service				
X				
32. Food properly labeled & honestly presented				
EQUIPMENT/ UTENSILS/ LINENS				
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-N/A	COS	MAJ	OUT
X				
39. Thermometers provided and accurate				
X				
40. Wiping cloths: properly used and stored				
PHYSICAL FACILITIES				
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				
PERMANENT FOOD FACILITIES				
X				
45. Floor, walls and ceilings: built, maintained, and clean				
X				
46. No unapproved private homes/ living or sleeping quarters				
SIGNS/ REQUIREMENTS				
X				
47. Signs posted; last inspection report available				
COMPLIANCE & ENFORCEMENT				
X				
48. Plan Review				
X				
49. Permits Available				
X				
50. Impoundment				
X				
51. Permit Suspension				

Received by (Print) Brenda Lemons Title _____
 Received by (Signature) Brenda Lemons
 Specialist (Print) _____ Specialist (Signature) _____ Re-inspection Date: 26MAY