



Date of Inspection: 3/24/16

Facility Name: Grizzly Grill/Mtn. Cuisine Phone Number 836-1300 PR ID # 160
 Facility Site Address: 250 Banta St. City: Blairsden Zip 96103
 Permit #: 15-136064 Exp Date: 6/12/16 Permit Holder: Chris Simone, Randi Collier 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>Brenda Lapp</u> Exp. Date: <u>2/4/21</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>120°F</u>				
LIQUID WASTE DISPOSAL				
✓				
22. Sewage and wastewater properly disposed				
VERMIN				
✓				
23. No rodents, insects, birds or animals				

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

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

Received by (Print) Chris Simone Title _____
 Received by (Signature) [Signature]
 Specialist (Print) Deborah Anderson Specialist (Signature) [Signature] Re-inspection Date: Routine

Facility Name: Grizzly Grill/Mtn. Cuisine

FA ID # 160

Pg 2 of 2

Date of Inspection: 3/24/16

OBSERVATIONS AND CORRECTIVE ACTIONS

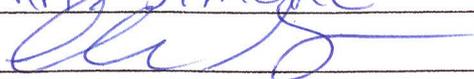
(27) Store ice scoop away from ice in bars. Do not store in bin.

(45) Clean and seal wall at handwash sink at Grill and dishwasher at Mtn. Cuisine.

Received by (Print) Chris Simone

Title

Received by (Signature)



Specialist (Print) Deborah Anderson

Specialist (Signature)



Re-inspection Date:

Routine