



Date of Inspection: 5/12/16

Facility Name: EASTSIDE PUBLIC HOUSE Phone Number _____ PR ID # 590
 Facility Site Address: 1760 E. MAIN City: QUINCY Zip 95971
 Permit #: 16-140673 Exp Date: 3/24/17 Permit Holder: DAVID REYNOLDS 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	In	N/O-N/A	COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE					FOOD FROM APPROVED SOURCES				
X					X				
1. Demonstration of knowledge: food safety certification					15. Food obtained from approved source.				
Food Safety Cert Name: <u>DAVID & HELEN REYNOLDS</u> Exp. Date: <u>2/28/20</u>					16. Compliance with shell stock tags, condition, display				
					17. Compliance with Gulf Oyster Regulations				
EMPLOYEE HEALTH & HYGIENIC PRACTICES					CONFORMANCE WITH APPROVED PROCEDURES				
X					X				
2. Communicable disease: reporting, restrictions & exclusions					18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
X					CONSUMER ADVISORY				
X					19. Consumer advisory provided for raw or undercooked foods				
X					Highly Susceptible Populations				
3. No discharge from eyes, nose, and mouth					20. Licensed health care facilities/ public & private schools: prohibited foods not offered				
4. Proper eating, tasting, drinking or tobacco use					WATER/HOT WATER				
PREVENTING CONTAMINATION BY HANDS					21. Hot and cold water available Temp <u>120°F</u>				
X					LIQUID WASTE DISPOSAL				
5. Hands clean and properly washed; gloves used properly					22. Sewage and wastewater properly disposed				
X					VERMIN				
X					23. No rodents, insects, birds, or animals				
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									

SUPERVISION		OUT
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		
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) David Reynolds Title _____
 Received by (Signature) _____
 Specialist (Print) PAT SANDERS Specialist (Signature) [Signature] Re-inspection Date: _____