



Date of Inspection: 19SEP16

Facility Name: THE LOCKER ROOM Phone Number: 258-5010 PR ID #: 191
 Facility Site Address: 300 MAIN ST City: CHESTER Zip: 96020
 Permit #: PENDING Exp Date: Permit Holder: MILLANCO RAYPH 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				
<input checked="" type="checkbox"/>				
1. Demonstration of knowledge: food safety certification				
Food Safety Cert Name: <u>CHERY RAYPH</u> Exp. Date: <u>3/9/17</u>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<input checked="" type="checkbox"/>				
2. Communicable disease; reporting, restrictions & exclusions				
<input checked="" type="checkbox"/>				
3. No discharge from eyes, nose, and mouth				
<input checked="" type="checkbox"/>				
4. Proper eating, tasting, drinking or tobacco use				
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/>				
5. Hands clean and properly washed; gloves used properly				
<input checked="" type="checkbox"/>				
6. Adequate handwashing facilities supplied & accessible				
TIME AND TEMPERATURE RELATIONSHIPS				
<input checked="" type="checkbox"/>				
7. Proper hot and cold holding temperatures				
<input checked="" type="checkbox"/>				
8. Time as a public health control; procedures & records				
<input checked="" type="checkbox"/>				
9. Proper cooling methods				
<input checked="" type="checkbox"/>				
10. Proper cooking time & temperatures				
<input checked="" type="checkbox"/>				
11. Proper reheating procedures for hot holding				
PROTECTION FROM CONTAMINATION				
<input checked="" type="checkbox"/>				
12. Returned and re-service of food				
<input checked="" type="checkbox"/>				
13. Food in good condition, safe and unadulterated				
<input checked="" type="checkbox"/>				
14. Food contact surfaces: clean and sanitized				

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
<input checked="" type="checkbox"/>				
15. Food obtained from approved source				
<input checked="" type="checkbox"/>				
16. Compliance with shell stock tags, condition, display				
<input checked="" type="checkbox"/>				
17. Compliance with Gulf Oyster Regulations				
CONFORMANCE WITH APPROVED PROCEDURES				
<input checked="" type="checkbox"/>				
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
CONSUMER ADVISORY				
<input checked="" type="checkbox"/>				
19. Consumer advisory provided for raw or undercooked foods				
Highly Susceptible Populations				
<input checked="" type="checkbox"/>				
20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
WATER/HOT WATER				
<input checked="" type="checkbox"/>				
21. Hot and cold water available Temp <u>170°F</u>				
LIQUID WASTE DISPOSAL				
<input checked="" type="checkbox"/>				
22. Sewage and wastewater properly disposed				
VERMIN				
<input checked="" type="checkbox"/>				
23. No rodents, insects, birds, or animals				

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		<input checked="" type="checkbox"/>
36. Equipment, utensils and linens: storage and use		
37. Vending machines		
38. Adequate ventilation and lighting; designated areas, use		<input checked="" type="checkbox"/>

PHYSICAL FACILITIES		OUT
39. Thermometers provided and accurate		
40. Wiping cloths: properly used and stored		
PERMANENT FOOD 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		
SIGNS/ REQUIREMENTS		
45. Floor, walls and ceilings: built, maintained, and clean		<input checked="" type="checkbox"/>
46. No unapproved private homes/ living or sleeping quarters		
COMPLIANCE & ENFORCEMENT		
47. Signs posted; last inspection report available		
48. Plan Review		
49. Permits Available		
50. Impoundment		
51. Permit Suspension		

Received by (Print) MOS Balph Title owner

Received by (Signature) [Signature]

Specialist (Print) Rob Robinson Specialist (Signature) [Signature] Re-inspection Date: 26MOS

Facility Name:

THE LOCKER ROOM

FA ID #

191

Pg

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Date of Inspection:

19 SEP 16

OBSERVATIONS AND CORRECTIVE ACTIONS

#35 }
#38 }
#45 }

THOROUGHLY CLEAN THE FLOOR & HOOD OF RESIDUE

Received by (Print)

my Bohn

Title

owner

Received by (Signature)

[Signature]

Specialist (Print)

[Signature]

Specialist (Signature)

Re-inspection Date: