



Date of Inspection: 9/27/16

Facility Name: Quincy High School Phone Number: 283-6510 PR ID #: 150
 Facility Site Address: 48752 Hwy 70 City: Quincy Zip: 95971
 Permit #: 16-140692 Exp Date: 2/1/17 Permit Holder: PUSD 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>Katherine De La Cruz</u> Exp. Date: <u>4/7/19</u>					16. Compliance with shell stock tags, condition, display				
EMPLOYEE HEALTH & HYGIENIC PRACTICES					17. Compliance with Gulf Oyster Regulations				
X					CONFORMANCE WITH APPROVED PROCEDURES				
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				
3. No discharge from eyes, nose, and mouth					Highly Susceptible Populations				
X					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	OUT	
24. Person in charge present and performs duties			39. Thermometers provided and accurate	
PERSONAL CLEANLINESS			40. Wiping cloths: properly used and stored	
25. Personal cleanliness and hair restraints			PHYSICAL FACILITIES	
GENERAL FOOD SAFETY REQUIREMENTS			41. Plumbing: proper backflow devices	
26. Approved thawing methods used, frozen food			42. Garbage and refuse properly disposed; facilities maintained	
27. Food separated and protected			43. Toilet facilities: properly constructed, supplied, cleaned	
28. Washing fruits and vegetables			44. Premises: personal/cleaning items; vermin-proofing	
29. Toxic substances properly identified, stored, used			PERMANENT FOOD FACILITIES	
FOOD STORAGE/ DISPLAY/ SERVICE			45. Floor, walls and ceilings: built, maintained, and clean	
30. Food storage: food storage containers identified			46. No unapproved private homes/ living or sleeping quarters	
31. Consumer self-service			SIGNS/ REQUIREMENTS	
32. Food properly labeled & honestly presented			47. Signs posted; last inspection report available	
EQUIPMENT/ UTENSILS/ LINENS			COMPLIANCE & ENFORCEMENT	
33. Nonfood contact surfaces clean			48. Plan Review	
34. Warewashing facilities: installed, maintained, used; test strips		X	49. Permits Available	
35. Equipment/ Utensils approved; installed; clean; good repair; capacity			50. Impoundment	
36. Equipment, utensils and linens: storage and use			51. Permit Suspension	
37. Vending machines				
38. Adequate ventilation and lighting; designated areas, use				

Received by (Print) Katherine DeLaCruz Title _____
 Received by (Signature) Katherine DeLaCruz
 Specialist (Print) PAT SANDOZ Specialist (Signature) [Signature] Re-inspection Date: _____

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OBSERVATIONS AND CORRECTIVE ACTIONS

34. REPAIR / MAINTAIN DISHWASHER TO APPLY A MIN 50 PPM SANITIZER ON FINAL RINSE. UNIT NOT SANITIZING @ TIME OF INSPECTION.
 UTILIZE 3-COMPARTMENT SINK TO SANITIZE DISHWARE AFTER WASH. UNTIL DISHWASHER REPAIRED.

Received by (Print)

Katherine Dela Cruz

Title

Received by (Signature)

Katherine Dela Cruz

Specialist (Print)

PAT SANDOZ

Specialist (Signature)

[Handwritten Signature]

Re-inspection Date: