



Date of Inspection: 9/30/16

Facility Name: Portola Frosty Phone Number 832-5345 PR ID # 240  
 Facility Site Address: 281 W. Sierra City: Portola Zip 96122  
 Permit #: 16-146219 Exp Date: 10/1/17 Permit Holder: Sharon Preckwinkle 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
<b>DEMONSTRATION OF KNOWLEDGE</b>					
✓		1. Demonstration of knowledge: food safety certification			
Food Safety Cert Name:		Exp. Date			
<u>C. Hgley, K. Greco</u>		<u>4/22/20</u>			
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>					
✓		2. Communicable disease; reporting, restrictions & exclusions			
✓		3. No discharge from eyes, nose, and mouth			
✓		4. Proper eating, tasting, drinking or tobacco use			
<b>PREVENTING CONTAMINATION BY HANDS</b>					
✓		5. Hands clean and properly washed; gloves used properly			
		6. Adequate handwashing facilities supplied & accessible			✓
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					
✓		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			
<b>PROTECTION FROM CONTAMINATION</b>					
✓		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
<b>FOOD FROM APPROVED SOURCES</b>					
✓		15. Food obtained from approved source			
✓		16. Compliance with shell stock tags, condition, display			
✓		17. Compliance with Gulf Oyster Regulations			
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>					
✓		18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
<b>CONSUMER ADVISORY</b>					
✓		19. Consumer advisory provided for raw or undercooked foods			
<b>Highly Susceptible Populations</b>					
✓		20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
<b>WATER/HOT WATER</b>					
✓		21. Hot and cold water available			
Temp <u>125°F</u>					
<b>LIQUID WASTE DISPOSAL</b>					
✓		22. Sewage and wastewater properly disposed			
<b>VERMIN</b>					
✓		23. No rodents, insects, birds, or animals			

	OUT
<b>SUPERVISION</b>	
24. Person in charge present and performs duties	
<b>PERSONAL CLEANLINESS</b>	
25. Personal cleanliness and hair restraints	
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>	
26. Approved thawing methods used, frozen food	
27. Food separated and protected	
28. Washing fruits and vegetables	
29. Toxic substances properly identified, stored, used	
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>	
30. Food storage; food storage containers identified	
31. Consumer self-service	
32. Food properly labeled & honestly presented	
<b>EQUIPMENT/ UTENSILS/ LINENS</b>	
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	

  

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

Received by (Print) Sharon Preckwinkle Title Owner  
 Received by (Signature) Sharon Preckwinkle  
 Specialist (Print) Deborah Anderson Specialist (Signature) Deborah Anderson Re-inspection Date: Routine

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FA ID # 240

Pg 2 of 2

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**OBSERVATIONS AND CORRECTIVE ACTIONS**

⑥ Provide single-use paper towels at handwash sink.

③ Thoroughly clean hood to remove grease residue.

④ Thoroughly clean ceiling and vents to remove accumulated residue.

Received by (Print)

*Sharon L. Pechewitz*

Title

*owner*

Received by (Signature)

Specialist (Print)

*Deborah Anderson*

Specialist (Signature)

*Deborah Anderson*

Re-inspection Date:

*Routine*