



Date of Inspection: 2/22/13

Facility Name: Mt. Temba Inn Phone Number 836-2359 PR ID # 941  
Facility Site Address: 60300 Mt. Temba Rd. City: Cromberg Zip 96103  
Permit #: 11-118198 Exp Date: 12/1/12 Permit Holder: Susan & Clyde Terry 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: <u>Susan Terry</u> Exp. Date: <u>3/18/15</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>120°F</u>				
<b>LIQUID WASTE DISPOSAL</b>				
✓				
22. Sewage and wastewater properly disposed				
<b>VERMIN</b>				
✓				
23. No rodents, insects, birds, or animals				

In	N/O-N/A	COS	MAJ	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				

In	N/O-N/A	COS	MAJ	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) Susan Terry Title Owner  
Received by (Signature) Susan Terry  
Specialist (Print) Deborah Anderson Specialist (Signature) Deborah Anderson Re-inspection Date: Routine

Facility Name:

Mt. Tomba Inn

FAID# 941

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OBSERVATIONS AND CORRECTIVE ACTIONS

35) Thoroughly clean stove to remove accumulated residue.

45) Regularly clean walls and ceilings around vents.

Received by (Print)

Susan Ferry

Title

owner

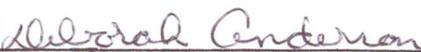
Received by (Signature)



Specialist (Print)

Deborah Anderson

Specialist (Signature)



Re-inspection Date:

Routine