



Date of Inspection: 3/15/13

Facility Name: Feather Bed Phone Number 283-0102 PR ID # 2159
 Facility Site Address: 542 Jackson St. City: Quincy Zip 95971
 Permit #: 12-113863 Exp Date: 2/1/13 Permit Holder: Robert Janowski
 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					
✓		1. Demonstration of knowledge: food safety certification			
Food Safety Cert Name: <u>Robert Janowski</u> Exp. Date: <u>11/30/16</u>					
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
✓		2. Communicable disease; reporting, restrictions & exclusions			
✓		3. No discharge from eyes, nose, and mouth			
✓		4. Proper eating, tasting, drinking or tobacco use			
PREVENTING CONTAMINATION BY HANDS					
✓		5. Hands clean and properly washed; gloves used properly			
✓		6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS					
✓		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			
PROTECTION FROM CONTAMINATION					
✓		12. Returned and re-service of food			
✓		13. Food in good condition, safe and unadulterated			
✓		14. Food contact surfaces: clean and sanitized			
FOOD FROM APPROVED SOURCES					
✓		15. Food obtained from approved source			
✓		16. Compliance with shell stock tags, condition, display			
✓		17. Compliance with Gulf Oyster Regulations			
CONFORMANCE WITH APPROVED PROCEDURES					
✓		18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
CONSUMER ADVISORY					
✓		19. Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations					
✓		20. Licensed health care facilities/ public & private schools: prohibited foods not offered			
WATER/HOT WATER					
✓		21. Hot and cold water available Temp <u>110°F</u>			
LIQUID WASTE DISPOSAL					
✓		22. Sewage and wastewater properly disposed			
VERMIN					
✓		23. No rodents, insects, birds, or animals			

In	N/O-N/A		COS	MAJ	OUT
SUPERVISION					
✓		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			

In	N/O-N/A		COS	MAJ	OUT
✓		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) ROBERT JANOWSKI Title OWNER
 Received by (Signature) Bob Janowski
 Specialist (Print) Deborah Anderson Specialist (Signature) Deborah Anderson Re-inspection Date: Routine