



Date of Inspection: 4/25/13

Facility Name: Dunn's Midtown Coffee Phone Number 283-5061 PR ID # 2612  
 Facility Site Address: 231 W. Main St. City: Quincy Zip 95971  
 Permit #: 12-120551 Exp Date: 2/1/13 Permit Holder: Rick & Eileen Greenley 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>Rick Greenley</u> Exp. Date: <u>1/9/17</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>140°F</u>				
<b>LIQUID WASTE DISPOSAL</b>				
✓				
22. Sewage and wastewater properly disposed				
<b>VERMIN</b>				
✓				
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		
36. Equipment, utensils and linens: storage and use		
37. Vending machines		
38. Adequate ventilation and lighting; designated areas, use		

PHYSICAL FACILITIES		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) Ashleigh DeMartile Title \_\_\_\_\_  
 Received by (Signature) Ashleigh DeMartile  
 Specialist (Print) Deborah Anderson Specialist (Signature) Deborah Anderson Re-inspection Date: Routine

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FA ID # 2612

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**OBSERVATIONS AND CORRECTIVE ACTIONS**

(34) Dishwasher at 0 ppm chlorine sanitizer. Manually sanitize at 100 ppm chlorine until dishwasher adjusted to 50 ppm chlorine. Measure chlorine residual daily.

Received by (Print)

Ashleigh DeMartile

Title

Received by (Signature)

Ashleigh DeMartile

Specialist (Print)

Deborah Anderson

Specialist (Signature)

Deborah Anderson

Re-inspection Date:

Routine