



Date of Inspection: 6/20/14

Facility Name: <u>GENESSEE STORE</u>	Phone Number <u>284-6357</u>	PR ID # <u>1594</u>
Facility Site Address: <u>7201 GENESSEE RD</u>	City: <u>TAYLORSVILLE</u>	Zip <u>95983</u>
Permit #: _____	Exp Date: _____	Permit Holder: _____
		Type of Inspection: <u>Routine</u>

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>				
X				
1. Demonstration of knowledge: food safety certification				
Food Safety Cert Name: <u>ROBERT MEACHER</u>		Exp. Date <u>11/16/16</u>		
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				
X				
2. Communicable disease; reporting, restrictions & exclusions				
X				
3. No discharge from eyes, nose, and mouth				
X				
4. Proper eating, tasting, drinking or tobacco use				
<b>PREVENTING CONTAMINATION BY HANDS</b>				
X				
5. Hands clean and properly washed; gloves used properly				
				X
6. Adequate handwashing facilities supplied & accessible				
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				
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				
<b>PROTECTION FROM CONTAMINATION</b>				
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				

In	N/O-N/A	COS	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>				
X				
15. Food obtained from approved source				
	X			
16. Compliance with shell stock tags, condition, display				
	X			
17. Compliance with Gulf Oyster Regulations				
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				
	X			
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
<b>CONSUMER ADVISORY</b>				
	X			
19. Consumer advisory provided for raw or undercooked foods				
<b>Highly Susceptible Populations</b>				
	X			
20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
<b>WATER/HOT WATER</b>				
X				
21. Hot and cold water available Temp <u>120°F</u>				
<b>LIQUID WASTE DISPOSAL</b>				
X				
22. Sewage and wastewater properly disposed				
<b>VERMIN</b>				
X				
23. No rodents, insects, birds, or animals				

In	N/O-N/A	COS	MAJ	OUT
<b>SUPERVISION</b>				
				OUT
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				
			X	
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				
			X	
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
				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				
				X
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				
				X
50. Impoundment				
51. Permit Suspension				

Received by (Print) <u>Robert A. Meacher</u>	Title <u>owner</u>
Received by (Signature) <u>Robert A. Meacher</u>	
Specialist (Print) <u>PAT SANDERS</u>	Specialist (Signature) <u>[Signature]</u>
Re-inspection Date: _____	



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FA ID # 1594

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OBSERVATIONS AND CORRECTIVE ACTIONS

6. PROVIDE SINGLE SERVICE SOAP & PAPER TOWELS @ KITCHEN SINK FOR HANDWASHING  
MOUNT PAPER TOWEL DISPENSOR ON WALL BY SINK.

30. STORE ALL FOOD UP OFF OF FLOOR IN BACK STORAGE AREA 6" MIN.

35. CLEAN STOVE TOP & PANS ON STOVE TOP, SIGNIFICANT AMOUNT OF  
BUILD UP PRESENT ON COOKTOP & UTENSILS @ TIME OF INSPECTION.

45. CLEAN WALLS & FLOORS @ KITCHEN ON A ROUTINE BASIS.

49. OBTAIN & POST A CURRENT & VALID HEALTH PERMIT.

Received by (Print)

Robert A. Meacher

Title

OWNER

Received by (Signature)

Robert A. Meacher

Specialist (Print)

PAT SANDERS

Specialist (Signature)

[Signature]

Re-inspection Date: