



Date of Inspection: 7/3/18

Facility Name: CAMP LIANONA Phone Number: NA PR ID #: 74  
 Facility Site Address: LOWER BUCKS LK City: DICKS LAKE Zip: \_\_\_\_\_  
 Permit #: 18-020 Exp Date: 5/1/19 Permit Holder: LDS CHURCH 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			
<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			
<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			

<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		
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		

39. Thermometers provided and accurate	OUT
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) Leslie W Anderson Title BL Committee member  
 Received by (Signature) [Signature]  
 Specialist (Print) Jerry Sipe Specialist (Signature) [Signature] Re-inspection Date: NEXT ROUTINE

FACILITY & EQUIPT INSPECTION ONLY - APPROVED