



Date of Inspection: 10/8/2019

Facility Name: <u>HOLIDAY MARKET</u>	Phone Number: <u>258-2122</u>	PR ID #: <u>99</u>
Facility Site Address: <u>271 Main St.</u>	City: <u>Chester</u>	Zip: <u>96020</u>
Permit #: <u>19-068</u>	Exp Date: <u>2/1/2020</u>	Permit Holder: <u>North State Grocery</u>
		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
DEMONSTRATION OF KNOWLEDGE					
<input checked="" type="checkbox"/>		1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>Nicole Nashlund</u> Exp. Date: <u>3/19/24</u>					
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
<input checked="" type="checkbox"/>		2. Communicable disease; reporting, restrictions & exclusions			
<input checked="" type="checkbox"/>		3. No discharge from eyes, nose, and mouth			
<input checked="" type="checkbox"/>		4. Proper eating, tasting, drinking or tobacco use			
PREVENTING CONTAMINATION BY HANDS					
<input checked="" type="checkbox"/>		5. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>		6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS					
<input checked="" type="checkbox"/>		7. Proper hot and cold holding temperatures			
	<input checked="" type="checkbox"/>	8. Time as a public health control; procedures & records			
<input checked="" type="checkbox"/>		9. Proper cooling methods			
<input checked="" type="checkbox"/>		10. Proper cooking time & temperatures			
	<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding			
PROTECTION FROM CONTAMINATION					
	<input checked="" type="checkbox"/>	12. Returned and re-service of food			
<input checked="" type="checkbox"/>		13. Food in good condition, safe and unadulterated			
<input checked="" type="checkbox"/>		14. Food contact surfaces: clean and sanitized			

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

	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	<input checked="" type="checkbox"/>

	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	<input checked="" type="checkbox"/>
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) <u>Lauren Newell</u>	Title
Received by (Signature) <u>Lauren Newell</u>	
Specialist (Print) <u>Eric Canbo</u>	Specialist (Signature) <u>[Signature]</u>
Re-inspection Date: <u>next routine</u>	

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PR
FATD # 99

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OBSERVATIONS AND CORRECTIVE ACTIONS

38. REPLACE DAMAGED/MISSING FILTER IN MECHANICAL VENTILATION SYSTEM
OVER DEEP-FRYER.

45. CLEAN AREAS UNDER EQUIPMENT IN DELI. SIGNIFICANT AMOUNT
OF DEBRIS OBSERVED ON FLOOR UNDER EQUIPMENT & SANDWICH
PREP AREA.

Received by (Print) Lauren Newell

Title

Received by (Signature) Lauren Newell

Specialist (Print) Eric Canbo

Specialist (Signature)

[Signature]

Re-inspection Date: next routine