



Date of Inspection: 7/7/22

Facility Name: <u>CAROL'S CAFE</u>	Phone Number: <u>259-2464</u>	PR ID #: <u>234</u>
Facility Site Address: <u>2932 Amanda Dr</u>	City: <u>CANTON DAM</u>	Zip: <u>95922</u>
Permit #: <u>22-011</u>	Exp Date: <u>6/1/23</u>	Permit Holder: <u>CAROL FRANCHETTI</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
<b>DEMONSTRATION OF KNOWLEDGE</b>					
X		1. Demonstration of knowledge; food safety certification <u>LE</u>			
Food Safety Cert Name: <u>LESLIE FRANCHETTI</u> Exp. Date: <u>2/9/27</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			
		6. Adequate handwashing facilities supplied & accessible			X
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					
		7. Proper hot and cold holding temperatures	X		
	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			

<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 _____
<b>LIQUID WASTE DISPOSAL</b>	
X	22. Sewage and wastewater properly disposed
<b>VERMIN</b>	
X	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		X
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		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		
50. Impoundment		
51. Permit Suspension		

Received by (Print)

Title

Received by (Signature) Carol Franchetti

Specialist (Print) PAT SANDERS

Specialist (Signature) [Signature]

Re-inspection Date:

Facility Name:

CAROL'S CAFE

FA ID #

234

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OBSERVATIONS AND CORRECTIVE ACTIONS

6. REPAIR HANDWASH SINK IN PREP AREA TO HAVE AN ADEQUATE AMOUNT OF HOT WATER ~~AT~~ NO HOT WATER AVAILABLE @ SINK

7. THE SMALL DORM STYLE REFRIGERATION UNIT WAS @ 50-55°F @ TIME OF INSPECTION - ALL PERISHABLE FOODS DISPOSED OF PURVU INSPECTION C.O.S.

35. CLEAN INSIDE OF EQUIPMENT ON A ROUTINE BASIS TO ELIMINATE FOOD DEBRIS ACCUMULATION

45 CLEAN AREAS UNDER EQUIPMENT ON A ROUTINE BASIS TO PREVENT FOOD DEBRIS ACCUMULATION

Received by (Print)

Title

Received by (Signature)

Carol Franchetti

Specialist (Print)

PAT SANDERS

Specialist (Signature)

Re-inspection Date: