



Date of Inspection: 1/3/24

Facility Name: <u>SPRING VALLEY RANCH - Barman Ranch house</u>	Phone Number: _____	PR ID # <u>2185</u>
Facility Site Address: <u>9300 Carmel Valley</u>	City: <u>Beckwouth</u>	Zip: <u>96122</u>
Permit #: <u>Pending</u>	Exp Date: _____	Permit Holder: <u>Plan C Holding</u>
		Type of Inspection: <u>Preopen</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

Facilities Inspectors Only

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>Christopher Baldwin</u> Exp. Date: <u>10/17/23</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 <i>cold unit</i>				
<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 <i>credit given</i>				

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				

In	N/O-N/A	COS	MAJ	OUT
SUPERVISION				
<input checked="" type="checkbox"/>				
24. Person in charge present and performs duties				
PERSONAL CLEANLINESS				
<input checked="" type="checkbox"/>				
25. Personal cleanliness and hair restraints				
GENERAL FOOD SAFETY REQUIREMENTS				
<input checked="" type="checkbox"/>				
26. Approved thawing methods used, frozen food				
<input checked="" type="checkbox"/>				
27. Food separated and protected				
<input checked="" type="checkbox"/>				
28. Washing fruits and vegetables				
<input checked="" type="checkbox"/>				
29. Toxic substances properly identified, stored, used				
FOOD STORAGE/ DISPLAY/ SERVICE				
<input checked="" type="checkbox"/>				
30. Food storage; food storage containers identified				
<input checked="" type="checkbox"/>				
31. Consumer self-service				
<input checked="" type="checkbox"/>				
32. Food properly labeled & honestly presented				
EQUIPMENT/ UTENSILS/ LINENS				
<input checked="" type="checkbox"/>				
33. Nonfood contact surfaces clean				
<input checked="" type="checkbox"/>				
34. Warewashing facilities: installed, maintained, used; test strips				
<input checked="" type="checkbox"/>				
35. Equipment/ Utensils approved; installed; clean; good repair, capacity				
<input checked="" type="checkbox"/>				
36. Equipment, utensils and linens: storage and use				
<input checked="" type="checkbox"/>				
37. Vending machines				
<input checked="" type="checkbox"/>				
38. Adequate ventilation and lighting; designated areas, use				

PHYSICAL FACILITIES				
<input checked="" type="checkbox"/>				
39. Thermometers provided and accurate				
<input checked="" type="checkbox"/>				
40. Wiping cloths: properly used and stored				
PERMANENT FOOD FACILITIES				
<input checked="" type="checkbox"/>				
41. Plumbing: proper backflow devices				
<input checked="" type="checkbox"/>				
42. Garbage and refuse properly disposed; facilities maintained				
<input checked="" type="checkbox"/>				
43. Toilet facilities: properly constructed, supplied, cleaned				
<input checked="" type="checkbox"/>				
44. Premises; personal/cleaning items; vermin-proofing				
SIGNS/ REQUIREMENTS				
<input checked="" type="checkbox"/>				
45. Floor, walls and ceilings: built, maintained, and clean				
<input checked="" type="checkbox"/>				
46. No unapproved private homes/ living or sleeping quarters				
COMPLIANCE & ENFORCEMENT				
<input checked="" type="checkbox"/>				
47. Signs posted; last inspection report available				
<input checked="" type="checkbox"/>				
48. Plan Review				
<input checked="" type="checkbox"/>				
49. Permits Available				
<input checked="" type="checkbox"/>				
50. Impoundment				
<input checked="" type="checkbox"/>				
51. Permit Suspension				

Received by (Print) Chris Baldwin Title _____
Received by (Signature) [Signature]
Specialist (Print) Dennis Eck Specialist (Signature) [Signature]
OK to operate.

Re-inspection Date: First Routine ~ 30 days