



Date of Inspection: 6/10/24

Facility Name: NORTH SHORE CG	Phone Number:	PR ID #: 215
Facility Site Address: 541 CATASH BEACH RD	City: CHATHAM	Zip: 96020
Permit #: 24-182	Exp Date: 4/18/25	Permit Holder: LAS LARSEN INC
		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
DEMONSTRATION OF KNOWLEDGE					
	X	1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: N/A - Prep Exp. Date:					
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
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			
PREVENTING CONTAMINATION BY HANDS					
X		5. Hands clean and properly washed; gloves used properly			
X		6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS					
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			
PROTECTION FROM CONTAMINATION					
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
SUPERVISION					
24. Person in charge present and performs duties					OUT
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					
FOOD FROM APPROVED SOURCES					
X		15. Food obtained from approved source			
X		16. Compliance with shell stock tags, condition, display			
X		17. Compliance with Gulf Oyster Regulations			
CONFORMANCE WITH APPROVED PROCEDURES					
X		18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
CONSUMER ADVISORY					
X		19. Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations					
X		20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
WATER/HOT WATER					
X		21. Hot and cold water available Temp 120°F+			
LIQUID WASTE DISPOSAL					
X		22. Sewage and wastewater properly disposed			
VERMIN					
X		23. No rodents, insects, birds, or animals			
THERMOMETERS					
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					
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) Peggy Medican Title					
Received by (Signature) Peggy Medican					
Specialist (Print) PAT SANCHEZ Specialist (Signature) [Signature] Re-inspection Date:					