



Date of Inspection: 6/21/24

Facility Name: <u>CARIBOU CROSSROADS</u>	Phone Number: <u>505 423-2734</u>	PR ID #
Facility Site Address: <u>16242 Hwy 70</u>	City: <u>Beauregard</u>	Zip
Permit #:	Exp Date:	Permit Holder:
		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>					
		1. Demonstration of knowledge; food safety certification			X
		Food Safety Cert Name:	Exp. Date		
<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			
X		6. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					
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			
<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		
<b>LIQUID WASTE DISPOSAL</b>				
X		22. Sewage and wastewater properly disposed		
<b>VERMIN</b>				
X		23. No rodents, insects, birds, or animals		

In	N/O-N/A		COS	MAJ	OUT
<b>SUPERVISION</b>					
		24. Person in charge present and performs duties			OUT
<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			

<b>PHYSICAL FACILITIES</b>				
		39. Thermometers provided and accurate		
		40. Wiping cloths: properly used and stored		
<b>PERMANENT FOOD 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>SIGNS/ REQUIREMENTS</b>				
		45. Floor, walls and ceilings: built, maintained, and clean		
		46. No unapproved private homes/ living or sleeping quarters		
<b>COMPLIANCE &amp; ENFORCEMENT</b>				
		47. Signs posted; last inspection report available		
		48. Plan Review		
		49. Permits Available		
		50. Impoundment		
		51. Permit Suspension		

Received by (Print) Michele Sanchez

Title

Received by (Signature) Michele Sanchez

Specialist (Print) Pat Sawyer

Specialist (Signature) [Signature]

Re-inspection Date:

Facility Name:

CARIBOU CROSSROADS

FA ID #

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6/21/24

## OBSERVATIONS AND CORRECTIVE ACTIONS

35. EVALUATE MECHANICAL VENTILATION OVER COOKING TO ENSURE CAPACITY  
FACILITY SMOKEY & HOT DURING INSPECTION - CLEAN RANGE TO  
PREVENT GREASE BUILD UP

1. OBTAIN CURRENT & VALID HEALTH PERMIT w/ VALID FOOD CERTIFICATION.

Received by (Print)

Michele Sanchez

Title

Received by (Signature)

Michele Sanchez

Specialist (Print)

PAT SANDRAS

Specialist (Signature)

[Signature]

Re-inspection Date: