



Date of Inspection: 12/6/24

Facility Name: <u>MILLIE'S ICE CREAM + COFFEE</u>	Phone Number: _____	PR ID #: <u>86</u>
Facility Site Address: <u>7512 HWY 89</u>	City: <u>GRACIE</u>	Zip: <u>96103</u>
Permit #: <u>24-057</u>	Exp Date: <u>3/1/25</u>	Permit Holder: <u>Margaret Smitten</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	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>Margaret Smitten</u> Exp. Date: <u>1/14/27</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 <u>COLD ONLY</u>					
<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 <u>Ammonia</u>					
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					
<input checked="" type="checkbox"/>					
CONFORMANCE WITH APPROVED PROCEDURES					
<input checked="" type="checkbox"/>					
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan					
<input checked="" type="checkbox"/>					
SB 13 83 Food Diversion Program					
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>82°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					
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					
Thermometers provided and accurate					
<input checked="" type="checkbox"/>					
39. Thermometers provided and accurate					
Wiping cloths: properly used and stored					
<input checked="" type="checkbox"/>					
40. Wiping cloths: properly used and stored					
PHYSICAL 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					
PERMANENT FOOD FACILITIES					
<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					
SIGNS/ REQUIREMENTS					
<input checked="" type="checkbox"/>					
47. Signs posted; last inspection report available					
COMPLIANCE & ENFORCEMENT					
<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) <u>Avery</u>	Title _____
Received by (Signature) <u>[Signature]</u>	
Specialist (Print) <u>Dennis Fick</u>	Specialist (Signature) <u>[Signature]</u>
Re-inspection Date: <u>Next Routine</u>	

2) Check water to ensure it reaches 120°F or above.
- employee indicated that hot water was being used for closing.
Good Sanitation observed Thanks.