

TIME IN TIME OUT DATE PAGE 1 of

NEXT ROUTINE INSPE		RIOD OF TIME AS MA	AY BE SPE	ECIFIED	N WRIT	TING BY 1	THE REGU	ACILITIES WHICH MUST BE CORRE			
ESTABLISHMENT		OWNER:	ATRESUL		<u>554110</u>	N OF TO		PERSON IN CHARGE:			
ADDRESS:				EST	ABLISI	HMENT	NUMBER	COUNTY:			
CITY/ZIP:		PHONE:		FAX				P.H. PRIORITY : H	М	L	
ESTABLISHMENT TYPE BAKERY RESTAURANT	C. STORE CATERE SCHOOL SENIOR		l MER F.P.		GROCE	RY STOR	RE	INSTITUTION MOBILE V TEMP.FOOD	ENDOF	RS	
PURPOSE Pre-opening	Routine Follow-up	Complaint	Other _								
	r approved Not Applicable	SEWAGE DISPOS/ PUBLIC PRIVA <sup>-</sup>		ATER S COMN	UPPLY /UNITY			OMMUNITY PRIVATE campled Results			
		RISK FAC		ID INTE	RVENT	TIONS					
Risk factors are food p	preparation practices and employe	e behaviors most com	monly repo	orted to the	ne Cente	ers for Dis	ease Con	trol and Prevention as contributing fact	ors in	_	
Compliance	eaks. Public health interventions Demonstration of Kr		COS		ne llines mpliance		y. 	Potentially Hazardous Foods	CC	DS R	
IN OUT	Person in charge present, demo and performs duties	nstrates knowledge,		IN	OUT N	N/O N/A	Proper of	cooking, time and temperature			
	Employee Hea					N/O N/A		reheating procedures for hot holding			
IN OUT IN OUT	Management awareness; policy Proper use of reporting, restriction					N/O N/A		cooling time and temperatures			
	Good Hygienic Pr	actices				N/A	Proper of	cold holding temperatures			
IN OUT N/O	Proper eating, tasting, drinking of No discharge from eyes, nose a			IN	OUT I	N/O N/A		date marking and disposition a public health control (procedures /			
IN OUT N/O				IN	OUT N	N/O N/A	records)	)	_		
IN OUT N/O	Preventing Contaminati Hands clean and properly wash			IN	OUT	N/A		Consumer Advisory ner advisory provided for raw or			
IN OUT N/O	No bare hand contact with ready						underco	oked food Highly Susceptible Populations			
IN OUT	approved alternate method prop Adequate handwashing facilities			IN	OUT N	JT N/O N/A Pasteurized foods used, prohibited foods not offered					
	accessible Approved Sou	rce					offered	Chemical			
IN OUT	Food obtained from approved so			IN	OUT	N/A		ditives: approved and properly used			
IN OUT N/O N/A	Food received at proper temperation	ature		IN	OUT		Toxic su used	ubstances properly identified, stored an	1		
IN OUT	Food in good condition, safe and						Con	formance with Approved Procedures			
IN OUT N/O N/A	destruction	0.71		IN	OUT	N/A		nce with approved Specialized Proces CCP plan	6		
IN OUT N/A	Protection from Cont Food separated and protected	amination		The	lattar to	the left o	f each iter	n indicates that item's status at the time	of the		
IN OUT N/A	Food-contact surfaces cleaned a	sanitized			ection.						
IN OUT N/O	Proper disposition of returned, p	reviously served,			N/A :	in complia = not appl	licable	OUT = not in compliance N/O = not observed			
	reconditioned, and unsafe food		OD RETAI			=Correcte	ed On Site	R=Repeat Item			
	Good Retail Practices are preven					ogens, ch	emicals, a	and physical objects into foods.			
IN OUT	Safe Food and Water		COS R	R IN	OUT			Proper Use of Utensils	COS	R	
	urized eggs used where required r and ice from approved source			-				operly stored ent and linens: properly stored, dried,			
						handled					
Adequ	Food Temperature Cont uate equipment for temperature co						ise/single- used prop	service articles: properly stored, used			
	oved thawing methods used						Utensi	Is, Equipment and Vending			
Thern	nometers provided and accurate							d-contact surfaces cleanable, properly			
	Food Identification						shing faci	cted, and used lities: installed, maintained, used; test			
Food	properly labeled; original containe							surfaces clean			
	Prevention of Food Contam							Physical Facilities			
	ts, rodents, and animals not present amination prevented during food pr							er available; adequate pressure d; proper backflow devices			
and d	isplay onal cleanliness: clean outer clothir						•	ewater properly disposed	<u> </u>		
finger	nails and jewelry	••••••									
	g cloths: properly used and stored and vegetables washed before us							operly constructed, supplied, cleaned roperly disposed; facilities maintained			
	- and vegetables washed belole us	<u> </u>						installed, maintained, and clean			
Person in Charge /T	Title: Sarah 4	suna?						Date:			
Inspector:	Muchay Lottop Recent	<u>,                                    </u>		Telepho	ne No.	PHE		Follow-up: Yes Follow-up Date:		No	
MO 580-1814 (9-13)		DISTRIBUTION: WHITE -	OWNER'S CO	OPY		CANARY – F		onow-up Date.		E6.37	



Macces		SPECTION REPORT			PAGE 2 of		
ESTABLISHMEN	TNAME	ADDRESS		CITY /ZIP			
FO	OD PRODUCT/LOCATION	TEMP. in ° F	FOOD PRODUCT	T/ LOCATION		TEMP. ii	n ° F
Code Reference	Priority items contribute directly to the or injury. These items MUST RECEI	PRIORITY IT e elimination, prevention or reduction VE IMMEDIATE ACTION within 72	EMS to an acceptable level, hazards hours or as stated.	associated wit	h foodborne illness	Correct by (date)	Initial
							$\leq \gamma$
Code		CORE ITE	MS			Correct by	Initial
Reference	Core items relate to general sanitation standard operating procedures (SSO	n, operational controls, facilities or st Ps). <b>These items are to be correct</b>	ructures, equipment design, ger ed by the next regular inspect	neral maintenar tion or as state	nce or sanitation ed.	(date)	
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		EDUCATION PROVI	DED OR COMMENTS				
Person in Ch	harge /Title: Soroh	- Youna?			ate:		
	ayan L. Mackay Lottyn Pecan	t Q K		Fo	ollow-up: ollow-up Date:	Yes	No
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ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIP		
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Code Reference	Coro itamo rolato to gonoral conitati	CORE ITEI on, operational controls, facilities or stu	MS	oral maintananaa ar aanitation	Correct by	Initial
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		EDUCATION PROVID	DED OR COMMENTS			
Person in Ch	Zara	L'young?		Date:		
Inspector:	ayon J. Mackay Latty Pace		Telephone No. PH	HES No. Follow-up: Follow-up Date:	Yes	No
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ESTABLISHMEN	T NAME	ADDRESS		CITY /ZIP			
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Inspector:	injun I. Muckay Katityo Pecan	4 Q K	Telephone No. PH	HES No. Fol Fol	low-up: low-up Date:	Yes	No
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ESTABLISHMEN	TNAME	ADDRESS		CITY /ZIP		
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			colou by the next regular inspection	on or us stated.		<u> </u>
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		EDUCATION PRO	VIDED OR COMMENTS			
Person in Ch	arge /Title:	Sarah young	)	Date:		
Inspector:	insin I Mackay	Latty Pecant	Telephone No. PH	IES No. Follow-up: Follow-up Date	Yes	No
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Inspector:	Traja Z Micky Kotty Pecar	4 Q K	Telephone No. PH	IES No. Follow-up: Follow-up Date:	Yes	No
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ESTABLISHMEN	T NAME	ADDRESS		CITY/ZIP			
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Person in Ch	SUR	- young		Date		Max	
Inspector: MO 580-1814 (9-13)	Taya & Mackay Lottop Pecan			Foll	ow-up: ow-up Date:	Yes	No E6.37A



ESTABLISHMENT NAME       ADDRESS       CITY/ZIP         FOOD PRODUCT/LOCATION       TEMP. in ° F       FOOD PRODUCT/LOCATION       TEMP. in °         Image: Control of the second sec	
Code     PRIORITY ITEMS     Correct by	
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Inspector: Taym & Macky & Latty Prove Ves Mo 580-1814 (9-13) Distribution: White - OWNER'S COPY CANARY - FILE COPY	No