



Date of Inspection: 7-20-18

Facility Name: PAPA MURPHY'S - QUINCY Phone Number: _____ PR ID # 1144
 Facility Site Address: 231 MAIN ST City: QUINCY Zip: 95971
 Permit #: 18-1542TZ Exp Date: 5/22/19 Permit Holder: DEREK & NAOMI VAUGHN
 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					
✓		1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>DEREK VAUGHN</u> Exp. Date: <u>9/23/21</u>					
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
✓		2. Communicable disease; reporting, restrictions & exclusions			
	✓	3. No discharge from eyes, nose, and mouth			
	✓	4. Proper eating, tasting, drinking or tobacco use			
PREVENTING CONTAMINATION BY HANDS					
✓		5. Hands clean and properly washed; gloves used properly			
✓		6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS					
✓		7. Proper hot and cold holding temperatures			
	✓	8. Time as a public health control; procedures & records			
	✓	9. Proper cooling methods			
	✓	10. Proper cooking time & temperatures			
	✓	11. Proper reheating procedures for hot holding			
PROTECTION FROM CONTAMINATION					
	✓	12. Returned and re-service of food			
✓		13. Food in good condition, safe and unadulterated			
✓		14. Food contact surfaces: clean and sanitized			

In	N/O-N/A		COS	MAJ	OUT
FOOD FROM APPROVED SOURCES					
✓		15. Food obtained from approved source			
	✓	16. Compliance with shell stock tags, condition, display			
	✓	17. Compliance with Gulf Oyster Regulations			
CONFORMANCE WITH APPROVED PROCEDURES					
	✓	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
CONSUMER ADVISORY					
	✓	19. Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations					
	✓	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
WATER/HOT WATER					
✓		21. Hot and cold water available Temp <u>140°F</u>			
LIQUID WASTE DISPOSAL					
	✓	22. Sewage and wastewater properly disposed			
VERMIN					
	✓	23. No rodents, insects, birds, or animals			

SUPERVISION					
	✓	24. Person in charge present and performs duties			
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			

	✓	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) Allie Adcock Title _____
 Received by (Signature) [Signature]
 Specialist (Print) Jerry Sipe Specialist (Signature) [Signature] Re-inspection Date: NEXT ROUTINE