



Date of Inspection: 6/8/18

Facility Name: MEADOW VALLEY MARKET Phone Number 283-3901 PR ID # 189  
 Facility Site Address: 8238 BUCKS LAKERD City: QUINCY Zip \_\_\_\_\_  
 Permit #: 18-154139 Exp Date: 2/1/19 Permit Holder: GALE DIANE 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
<b>DEMONSTRATION OF KNOWLEDGE</b>					
<input checked="" type="checkbox"/>		1. Demonstration of knowledge; food safety certification			
		Food Safety Cert Name: <u>GALE DIANE</u> Exp. Date: <u>1/15/21</u>			
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>					
<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			
<b>PREVENTING CONTAMINATION BY HANDS</b>					
<input checked="" type="checkbox"/>		5. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>		6. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					
<input checked="" type="checkbox"/>		7. Proper hot and cold holding temperatures			
<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			
<b>PROTECTION FROM CONTAMINATION</b>					
<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			

  

In	N/O-N/A		COS	MAJ	OUT
<b>FOOD FROM APPROVED SOURCES</b>					
<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			
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>					
<input checked="" type="checkbox"/>		18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
<b>CONSUMER ADVISORY</b>					
<input checked="" type="checkbox"/>		19. Consumer advisory provided for raw or undercooked foods <u>120°F</u>			
<b>Highly Susceptible Populations</b>					
<input checked="" type="checkbox"/>		20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
<b>WATER/HOT WATER</b>					
<input checked="" type="checkbox"/>		21. Hot and cold water available Temp _____			
<b>LIQUID WASTE DISPOSAL</b>					
<input checked="" type="checkbox"/>		22. Sewage and wastewater properly disposed			
<b>VERMIN</b>					
<input checked="" type="checkbox"/>		23. No rodents, insects, birds, or animals			

<b>SUPERVISION</b>		<b>OUT</b>
24. Person in charge present and performs duties		
<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		
36. Equipment, utensils and linens: storage and use		
37. Vending machines		
38. Adequate ventilation and lighting; designated areas, use		

  

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

Received by (Print) GALE DIANE Title OWNER  
 Received by (Signature) [Signature]  
 Specialist (Print) JERRY SIPE Specialist (Signature) [Signature] Re-inspection Date: NEXT ROUTINE