



Date of Inspection: 2/6/19

Facility Name: PUSD CROFT CATHMICHAEL SCHOOL Phone Number: 982-7011 PR ID #: 152  
 Facility Site Address: 895 WEST ST City: PORTOLA Zip: 90122  
 Permit #: 18-15412 Exp Date: 2/1/19 Permit Holder: PUSD 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	In	N/O-N/A		COS	MAJ	OUT
<b>DEMONSTRATION OF KNOWLEDGE</b>						<b>FOOD FROM APPROVED SOURCES</b>					
X		1. Demonstration of knowledge; food safety certification				X		15. Food obtained from approved source			
Food Safety Cert Name: <u>KATHERINE DELA CRUZ</u> Exp. Date: <u>4/7/19</u>						16. Compliance with shell stock tags, condition, display					
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>						<b>CONFORMANCE WITH APPROVED PROCEDURES</b>					
X		2. Communicable disease; reporting, restrictions & exclusions				X		17. Compliance with Gulf Oyster Regulations			
X		3. No discharge from eyes, nose, and mouth				X		18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
X		4. Proper eating, tasting, drinking or tobacco use				X		19. Consumer advisory provided for raw or undercooked foods			
<b>PREVENTING CONTAMINATION BY HANDS</b>						<b>CONSUMER ADVISORY</b>					
X		5. Hands clean and properly washed; gloves used properly				X		20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
X		6. Adequate handwashing facilities supplied & accessible				<b>Highly Susceptible Populations</b>					
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>						<b>WATER/HOT WATER</b>					
X		7. Proper hot and cold holding temperatures				X		21. Hot and cold water available			
X		8. Time as a public health control; procedures & records				Temp <u>71.209C</u>					
X		9. Proper cooling methods				<b>LIQUID WASTE DISPOSAL</b>					
X		10. Proper cooking time & temperatures				X		22. Sewage and wastewater properly disposed			
X		11. Proper reheating procedures for hot holding				<b>VERMIN</b>					
<b>PROTECTION FROM CONTAMINATION</b>						23. No rodents, insects, birds, or animals					
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>SUPERVISION</b>		<b>OUT</b>	<b>39. Thermometers provided and accurate</b>		<b>OUT</b>
24. Person in charge present and performs duties			40. Wiping cloths: properly used and stored		
<b>PERSONAL CLEANLINESS</b>			<b>PHYSICAL FACILITIES</b>		
25. Personal cleanliness and hair restraints			41. Plumbing: proper backflow devices		
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>			42. Garbage and refuse properly disposed; facilities maintained		
26. Approved thawing methods used, frozen food			43. Toilet facilities: properly constructed, supplied, cleaned		
27. Food separated and protected			44. Premises; personal/cleaning items; vermin-proofing		
28. Washing fruits and vegetables			<b>PERMANENT FOOD FACILITIES</b>		
29. Toxic substances properly identified, stored, used			45. Floor, walls and ceilings: built, maintained, and clean		
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>			46. No unapproved private homes/ living or sleeping quarters		
30. Food storage; food storage containers identified			<b>SIGNS/ REQUIREMENTS</b>		
31. Consumer self-service			47. Signs posted; last inspection report available		
32. Food properly labeled & honestly presented			<b>COMPLIANCE &amp; ENFORCEMENT</b>		
<b>EQUIPMENT/ UTENSILS/ LINENS</b>			48. Plan Review		
33. Nonfood contact surfaces clean			49. Permits Available		
34. Warewashing facilities: installed, maintained, used; test strips			50. Impoundment		
35. Equipment/ Utensils approved; installed; clean; good repair, capacity			51. Permit Suspension		
36. Equipment, utensils and linens: storage and use					
37. Vending machines					
38. Adequate ventilation and lighting; designated areas, use					

Received by (Print) KATHERINE DE LA CRUZ Title \_\_\_\_\_  
 Received by (Signature) [Signature]  
 Specialist (Print) Rob Robinson Specialist (Signature) [Signature] Re-inspection Date: 2/6/19