



Date of Inspection: 12/04/18

Facility Name: ITROP DORR Phone Number: 836-2376 PR ID # 171
 Facility Site Address: 3409 MAIN ST City: JOHNSVILLE Zip: _____
 Permit #: 18-138 Exp Date: 8/1/19 Permit Holder: CHRIS DORR Type of Inspection: ROOFING

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					
<input checked="" type="checkbox"/>		1. Demonstration of knowledge; food safety certification			
		Food Safety Cert Name: <u>BONNIE DAVID</u> Exp. Date: <u>2/4/21</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			
<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			
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			
CONFORMANCE WITH APPROVED PROCEDURES					
<input checked="" type="checkbox"/>		18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
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>120°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			
PHYSICAL FACILITIES					
<input checked="" type="checkbox"/>		39. Thermometers provided and accurate			
<input checked="" type="checkbox"/>		40. Wiping cloths: properly used and stored			
PERMANENT FOOD 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			
SIGNS/ REQUIREMENTS					
<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			
COMPLIANCE & ENFORCEMENT					
<input checked="" type="checkbox"/>		47. Signs posted; last inspection report available			
<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) Casey Bates Title _____
 Received by (Signature) _____
 Specialist (Print) Rob Robinson Specialist (Signature) _____ Re-inspection Date: None