



Date of Inspection: 10/19/18

Facility Name: PUSD - Quincy High Phone Number 283-6510 PR ID # 150
 Facility Site Address: 6 Quincy Turnover City: Quincy Zip 95971
 Permit #: 18-154126-6 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
DEMONSTRATION OF KNOWLEDGE					
X		1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>BRADLEY PRESTON</u> Exp. Date <u>5/11/19</u>					
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
X		2. Communicable disease; reporting, restrictions & exclusions			
X		3. No discharge from eyes, nose, and mouth			
X		4. Proper eating, tasting, drinking or tobacco use			
PREVENTING CONTAMINATION BY HANDS					
X		5. Hands clean and properly washed; gloves used properly			
X		6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS					
X		7. Proper hot and cold holding temperatures			
X		8. Time as a public health control; procedures & records			
X		9. Proper cooling methods			
X		10. Proper cooking time & temperatures			
X		11. Proper reheating procedures for hot holding			
PROTECTION FROM CONTAMINATION					
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			

In	N/O-N/A		COS	MAJ	OUT
FOOD FROM APPROVED SOURCES					
X		15. Food obtained from approved source			
X		16. Compliance with shell stock tags, condition, display			
X		17. Compliance with Gulf Oyster Regulations			
CONFORMANCE WITH APPROVED PROCEDURES					
X		18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
CONSUMER ADVISORY					
X		19. Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations					
X		20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
WATER/HOT WATER					
X		21. Hot and cold water available Temp <u>150°F</u>			
LIQUID WASTE DISPOSAL					
X		22. Sewage and wastewater properly disposed			
VERMIN					
X		23. No rodents, insects, birds, or animals			

In	N/O-N/A		COS	MAJ	OUT
SUPERVISION					
X		24. Person in charge present and performs duties			
PERSONAL CLEANLINESS					
X		25. Personal cleanliness and hair restraints			
GENERAL FOOD SAFETY REQUIREMENTS					
X		26. Approved thawing methods used, frozen food			
X		27. Food separated and protected			
X		28. Washing fruits and vegetables			
X		29. Toxic substances properly identified, stored, used			
FOOD STORAGE/ DISPLAY/ SERVICE					
X		30. Food storage; food storage containers identified			
X		31. Consumer self-service			
X		32. Food properly labeled & honestly presented			
EQUIPMENT/ UTENSILS/ LINENS					
X		33. Nonfood contact surfaces clean			
X		34. Warewashing facilities: installed, maintained, used; test strips			
X		35. Equipment/ Utensils approved; installed; clean; good repair, capacity			
X		36. Equipment, utensils and linens: storage and use			
X		37. Vending machines			
X		38. Adequate ventilation and lighting; designated areas, use			

In	N/O-N/A		COS	MAJ	OUT
X		39. Thermometers provided and accurate			
X		40. Wiping cloths: properly used and stored			
PHYSICAL FACILITIES					
X		41. Plumbing: proper backflow devices			
X		42. Garbage and refuse properly disposed; facilities maintained			
X		43. Toilet facilities: properly constructed, supplied, cleaned			
X		44. Premises; personal/cleaning items; vermin-proofing			
PERMANENT FOOD FACILITIES					
X		45. Floor, walls and ceilings: built, maintained, and clean			
X		46. No unapproved private homes/ living or sleeping quarters			
SIGNS/ REQUIREMENTS					
X		47. Signs posted; last inspection report available			
COMPLIANCE & ENFORCEMENT					
X		48. Plan Review			
X		49. Permits Available			
X		50. Impoundment			
X		51. Permit Suspension			

Received by (Print) BRADLEY R. PRESTON Title _____
 Received by (Signature) [Signature]
 Specialist (Print) PAT SANDOZ Specialist (Signature) [Signature] Re-inspection Date: _____