



Date of Inspection: 7-20-18

Facility Name: CETARLING Phone Number \_\_\_\_\_ PR ID # 128  
 Facility Site Address: 875 E MAIN ST City: QUINCY Zip 95971  
 Permit #: PENDING Exp Date: 4-1-19 Permit Holder: LING ECK  
 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>LING ECK</u>	Exp. Date <u>6/28/23</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			
<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 <u>130°F</u>			
<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			

In	N/O-N/A		COS	MAJ	OUT
<b>SUPERVISION</b>					
<input checked="" type="checkbox"/>		24. Person in charge present and performs duties			
<b>PERSONAL CLEANLINESS</b>					
<input checked="" type="checkbox"/>		25. Personal cleanliness and hair restraints			
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>					
<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			
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>					
<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			
<b>EQUIPMENT/ UTENSILS/ LINENS</b>					
<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			

In	N/O-N/A		COS	MAJ	OUT
<input checked="" type="checkbox"/>		39. Thermometers provided and accurate			
<input checked="" type="checkbox"/>		40. Wiping cloths: properly used and stored			
<b>PHYSICAL FACILITIES</b>					
<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			
<b>PERMANENT FOOD FACILITIES</b>					
<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			
<b>SIGNS/ REQUIREMENTS</b>					
<input checked="" type="checkbox"/>		47. Signs posted; last inspection report available			
<b>COMPLIANCE &amp; ENFORCEMENT</b>					
<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) LING ECK Title OWNER  
 Received by (Signature) [Signature]  
 Specialist (Print) Jerry Sipe Specialist (Signature) [Signature] Re-inspection Date: Next ROUTINE