



Date of Inspection: 6-20-18

Facility Name: CARLAND CAMP Phone Number 283-2290 PR ID # 216
 Facility Site Address: CARLAND CAMP RD City: QUINCY Zip 95971
 Permit #: 18-154210 Exp Date: 5/1/19 Permit Holder: CAMPS IN COMMON 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					
		1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name:		<u>STEVEN KAROLY</u>	Exp. Date		<u>3/13/19</u>
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
		2. Communicable disease; reporting, restrictions & exclusions			
		3. No discharge from eyes, nose, and mouth			
		4. Proper eating, tasting, drinking or tobacco use			
PREVENTING CONTAMINATION BY HANDS					
		5. Hands clean and properly washed; gloves used properly			
		6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS					
		7. Proper hot and cold holding temperatures			
		8. Time as a public health control; procedures & records			
		9. Proper cooling methods			
		10. Proper cooking time & temperatures			
		11. Proper reheating procedures for hot holding			
PROTECTION FROM CONTAMINATION					
		12. Returned and re-service of food			
		13. Food in good condition, safe and unadulterated			
		14. Food contact surfaces: clean and sanitized			

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

In	N/O-N/A		COS	MAJ	OUT
SUPERVISION					
		24. Person in charge present and performs duties			
PERSONAL CLEANLINESS					
		25. Personal cleanliness and hair restraints			
GENERAL FOOD SAFETY REQUIREMENTS					
		26. Approved thawing methods used, frozen food			
		27. Food separated and protected			
		28. Washing fruits and vegetables			
		29. Toxic substances properly identified, stored, used			
FOOD STORAGE/ DISPLAY/ SERVICE					
		30. Food storage; food storage containers identified			
		31. Consumer self-service			
		32. Food properly labeled & honestly presented			
EQUIPMENT/ UTENSILS/ LINENS					
		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			

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

Received by (Print) STEVEN KAROLY Title FOOD SERVICE MANAGER
 Received by (Signature) *[Signature]*
 Specialist (Print) Jerry Sipe Specialist (Signature) *[Signature]* Re-inspection Date: NEXT ROUTINE