



Date of Inspection: 6/21/18

Facility Name: SWEET LORRAINE'S Phone Number 283-5300 PR ID # 273
 Facility Site Address: 384 MAIN ST City: QUINCY Zip 95971
 Permit #: 17-151061 Exp Date: 9/1/18 Permit Holder: GARY CERPOVICZ
 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					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>GARY CERPOVICZ</u> Exp. Date <u>10/9/21</u>					
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Communicable disease; reporting, restrictions & exclusions			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. No discharge from eyes, nose, and mouth			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Proper eating, tasting, drinking or tobacco use			
PREVENTING CONTAMINATION BY HANDS					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Proper hot and cold holding temperatures			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8. Time as a public health control; procedures & records			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9. Proper cooling methods			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10. Proper cooking time & temperatures			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11. Proper reheating procedures for hot holding			
PROTECTION FROM CONTAMINATION					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12. Returned and re-service of food			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13. Food in good condition, safe and unadulterated			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14. Food contact surfaces: clean and sanitized			

In	N/O-N/A		COS	MAJ	OUT
FOOD FROM APPROVED SOURCES					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15. Food obtained from approved source			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16. Compliance with shell stock tags, condition, display			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17. Compliance with Gulf Oyster Regulations			
CONFORMANCE WITH APPROVED PROCEDURES					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
CONSUMER ADVISORY					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	19. Consumer advisory provided for raw or undercooked foods			
Highly Susceptible Populations					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
WATER/HOT WATER					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21. Hot and cold water available Temp <u>125°F</u>			
LIQUID WASTE DISPOSAL					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed			
VERMIN					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals			

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

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

Received by (Print) GARY CERPOVICZ Title OWNER/OWNER
 Received by (Signature) _____
 Specialist (Print) Jerry Sipe Specialist (Signature) _____ Re-inspection Date: NEXT ROUTINE