



Date of Inspection: 11/1/2019

Facility Name: GENESEE STORE Phone Number 284-6357 PR ID # 140  
 Facility Site Address: 7201 Genesee Rd. City: Taylorville Zip 95983  
 Permit #: 19-105 Exp Date: 12/1/2020 Permit Holder: Brasas Food & Wine 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>Nathan Molina</u>	Exp. Date <u>4/3/2022</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			
<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>120°Fx</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			

<b>SUPERVISION</b>		<b>OUT</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	
<input checked="" type="checkbox"/>	39. Thermometers provided and accurate	<b>OUT</b>
<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) Nathan K. Molina Title Ex Chef.  
 Received by (Signature) NKM  
 Specialist (Print) Eric Casbo Specialist (Signature) [Signature] Re-inspection Date: next routine