



Date of Inspection: 7/12/19

Facility Name: Golden Coach RV Park Phone Number: 886-2426 PR ID #: 142  
 Facility Site Address: 59704 Highway 70 City: Cromberg Zip: 96103  
 Permit #: 19-107 Exp Date: 7/23/20 Permit Holder: Kathleen & Mark Wells 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>					
X		1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>Kathleen Wells</u> Exp. Date <u>4/22/20</u>					
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>					
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			
<b>PREVENTING CONTAMINATION BY HANDS</b>					
X		5. Hands clean and properly washed; gloves used properly			
X		6. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					
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			
<b>PROTECTION FROM CONTAMINATION</b>					
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			
<b>FOOD FROM APPROVED SOURCES</b>					
X		15. Food obtained from approved source			
X		16. Compliance with shell stock tags, condition, display			
X		17. Compliance with Gulf Oyster Regulations			
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>					
X		18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
<b>CONSUMER ADVISORY</b>					
X		19. Consumer advisory provided for raw or undercooked foods			
<b>Highly Susceptible Populations</b>					
X		20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
<b>WATER/HOT WATER</b>					
X		21. Hot and cold water available Temp <u>120'</u>			
<b>LIQUID WASTE DISPOSAL</b>					
X		22. Sewage and wastewater properly disposed			
<b>VERMIN</b>					
X		23. No rodents, insects, birds, or animals			

<b>SUPERVISION</b>		<b>OUT</b>
24. Person in charge present and performs duties		
<b>PERSONAL CLEANLINESS</b>		
25. Personal cleanliness and hair restraints		
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>		
26. Approved thawing methods used, frozen food		
27. Food separated and protected		
28. Washing fruits and vegetables		
29. Toxic substances properly identified, stored, used		
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>		
30. Food storage; food storage containers identified		
31. Consumer self-service		
32. Food properly labeled & honestly presented		
<b>EQUIPMENT/ UTENSILS/ LINENS</b>		
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		
39. Thermometers provided and accurate		<b>OUT</b>
40. Wiping cloths: properly used and stored		
<b>PHYSICAL FACILITIES</b>		
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		
<b>PERMANENT FOOD FACILITIES</b>		
45. Floor, walls and ceilings: built, maintained, and clean		
46. No unapproved private homes/ living or sleeping quarters		
<b>SIGNS/ REQUIREMENTS</b>		
47. Signs posted; last inspection report available		
<b>COMPLIANCE &amp; ENFORCEMENT</b>		
48. Plan Review		
49. Permits Available		
50. Impoundment		
51. Permit Suspension		

Received by (Print) KATHLEEN WELLS Title OWNER  
 Received by (Signature) Kathleen Wells  
 Specialist (Print) Trinity Stirling Specialist (Signature) Trinity Stirling Re-inspection Date: Routine

Note: Food safety certification for Kathleen Wells expires 4/22/20. Please obtain and submit an updated certification to EH prior to expiration.