



Date of Inspection: 26 APR 19

Facility Name: GRUCCY GRILL Phone Number 836-1300 PR ID # 160  
 Facility Site Address: 2505 HAVARD ST City: BLANDFORD Zip 96103  
 Permit #: 19-128 Exp Date: 6/14/20 Permit Holder: CHRIS SIMONE 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>BRENDA PAW</u> Exp. Date <u>2/4/21</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			

  

In	N/O-N/A		COS	MAJ	OUT
<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°F</u>			
<b>LIQUID WASTE DISPOSAL</b>					
X		22. Sewage and wastewater properly disposed			
<b>VERMIN</b>					
X		23. No rodents, insects, birds, or animals			

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

  

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

Received by (Print) Chris Simone Title chef/owner  
 Received by (Signature) [Signature]  
 Specialist (Print) Robert [Signature] Specialist (Signature) [Signature] Re-inspection Date: \_\_\_\_\_