



Date of Inspection: 3/4/20

Facility Name: COFFEE STATION Phone Number: 258-4112 PR ID # 113
 Facility Site Address: 192 MAIN City: QUEZON Zip: 96020
 Permit #: 19-080 Exp Date: 7/1/20 Permit Holder: BRENDA LEMONS
 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 | | | | | |
| X | | 1. Demonstration of knowledge; food safety certification | | | |
| Food Safety Cert Name: <u>Brenda Lemons</u> Exp. Date: <u>9/26/23</u> | | | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | | |
| 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 | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | | |
| X | | 5. Hands clean and properly washed; gloves used properly | | | |
| X | | 6. Adequate handwashing facilities supplied & accessible | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | | |
| 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 | | | |
| PROTECTION FROM CONTAMINATION | | | | | |
| 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 |

| FOOD FROM APPROVED SOURCES | | | | | |
|---|---|---|--|--|--|
| X | | 15. Food obtained from approved source | | | |
| | X | 16. Compliance with shell stock tags, condition, display | | | |
| | X | 17. Compliance with Gulf Oyster Regulations | | | |
| CONFORMANCE WITH APPROVED PROCEDURES | | | | | |
| | X | 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | |
| CONSUMER ADVISORY | | | | | |
| | X | 19. Consumer advisory provided for raw or undercooked foods | | | |
| Highly Susceptible Populations | | | | | |
| | X | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered | | | |
| WATER/HOT WATER | | | | | |
| X | | 21. Hot and cold water available Temp <u>120°F</u> | | | |
| LIQUID WASTE DISPOSAL | | | | | |
| X | | 22. Sewage and wastewater properly disposed | | | |
| VERMIN | | | | | |
| X | | 23. No rodents, insects, birds, or animals | | | |

| | | | | | |
|---|--|---|--|--|-----|
| SUPERVISION | | | | | |
| | | 24. Person in charge present and performs duties | | | OUT |
| 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 | | | |

| | | | | | |
|-------------------------------------|--|---|--|--|-----|
| | | 39. Thermometers provided and accurate | | | OUT |
| | | 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) Brenda Lemons Title _____
 Received by (Signature) Brenda Lemons
 Specialist (Print) PAT SANDERS Specialist (Signature) [Signature] Re-inspection Date: _____