



Date of Inspection: 8/7/19

Facility Name: NORTH SHORE CAMPGROUND Phone Number 258-5376 PR ID # 215  
 Facility Site Address: 541 CARRISH BEACH RD City: CHESTER Zip 96020  
 Permit #: 19-182 Exp Date: 4/18/20 Permit Holder: GAS GARDEN INC. 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>Non-Prep - Prepackaged</u> Exp. Date |                                     |     |                                     |     |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>                |                                     |     |                                     |     |
| <input checked="" type="checkbox"/>                            | <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"/>                            |                                     |     | <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"/>                            | <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"/>                            |                                     |     | <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"/> |     |                                     |     |
| 14. Food contact surfaces: clean and sanitized                 |                                     |     |                                     |     |

| In  | N/O-N/A                             | COS | MAJ | OUT                                 |
|---|-------------------------------------|-----|-----|-------------------------------------|
| <b>FOOD FROM APPROVED SOURCES</b>   |                                     |     |     |                                     |
| <input checked="" type="checkbox"/>   | <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"/> |     |     | <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"/>   | <input checked="" type="checkbox"/> |     |     |                                     |
| 21. Hot and cold water available Temp <u>AVAILABLE</u>                                      |                                     |     |     |                                     |
| <b>LIQUID WASTE DISPOSAL</b>  |                                     |     |     |                                     |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> |     |     |                                     |
| 22. Sewage and wastewater properly disposed   |                                     |     |     |                                     |
| <b>VERMIN</b>   |                                     |     |     |                                     |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> |     |     |                                     |
| 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) Peggy Redican Title \_\_\_\_\_  
 Received by (Signature) Peggy Redican  
 Specialist (Print) PAT SANDERS Specialist (Signature) [Signature] Re-inspection Date: \_\_\_\_\_

7. All PERISHABLES HAD BEEN REMOVED FROM UNITS IN FACILITY @ TIME OF INSPECTION DUE TO A POWER OUTAGE.