



Date of Inspection: 1/23/2020

Facility Name: Papa Murphy's Phone Number _____ PR ID # 221
 Facility Site Address: 231 Main St. City: Quincy Zip: 95971
 Permit #: 19-188 Exp Date: 9/27/2020 Permit Holder: Derek and Naomi Vaughn
 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				
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: <u>Derek Vaughn</u> Exp. Date <u>9/23/2021</u>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
<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				
PREVENTING CONTAMINATION BY HANDS				
<input checked="" type="checkbox"/>				
5. Hands clean and properly washed; gloves used properly				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
6. Adequate handwashing facilities supplied & accessible				
TIME AND TEMPERATURE RELATIONSHIPS				
<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				
PROTECTION FROM CONTAMINATION				
<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				
14. Food contact surfaces: clean and sanitized				

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

SUPERVISION		OUT
24. Person in charge present and performs duties		
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) Allie Adcock Title Night Shift Manager
 Received by (Signature) [Signature]
 Specialist (Print) Eric Caubo Specialist (Signature) [Signature] Re-inspection Date: next routine