



Date of Inspection: 7/22/20

Facility Name: Moon's Restaurant Phone Number 283-9900 PR ID # 207  
 Facility Site Address: 497 Lawrence St. City: Quincy Zip 95971  
 Permit #: 20-174 Exp Date: 2/27/21 Permit Holder: Celedonia + Luis Santos  
 Type of Inspection: **SPECIAL**

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	<input checked="" type="checkbox"/>		
		Food Safety Cert Name: <u>Edgar Santos</u>	Exp. Date <u>5/10/23</u>		
<input checked="" type="checkbox"/>		2. All food handlers have valid Food Handler Cards			
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Communicable disease; reporting, restrictions & exclusions			
<input checked="" type="checkbox"/>		4. No discharge from eyes, nose, and mouth			
<input checked="" type="checkbox"/>		5. Proper eating, tasting, drinking or tobacco use		<input checked="" type="checkbox"/>	
<b>PREVENTING CONTAMINATION BY HANDS</b>					
<input checked="" type="checkbox"/>		6. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Adequate handwashing facilities supplied & accessible		<input checked="" type="checkbox"/>	
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					
<input checked="" type="checkbox"/>		8. Proper hot and cold holding temperatures			
	<input checked="" type="checkbox"/>	9. Time as a public health control; procedures & records			
	<input checked="" type="checkbox"/>	10. Proper cooling methods			
	<input checked="" type="checkbox"/>	11. Proper cooking time & temperatures			
	<input checked="" type="checkbox"/>	12. Proper reheating procedures for hot holding			
<b>PROTECTION FROM CONTAMINATION</b>					
	<input checked="" type="checkbox"/>	13. Returned and re-service of food		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14. Food in good condition, safe and unadulterated			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15. Food contact surfaces: clean and sanitized			
<b>FOOD FROM APPROVED SOURCES</b>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16. Food obtained from approved source			
<b>CORONAVIRUS GUIDANCE IMPLEMENTATION</b>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17. Takeout, Curbside Pickup, or Delivery Only			
<input checked="" type="checkbox"/>		18. Social Distancing Implemented			
<input checked="" type="checkbox"/>		19. Face Covering Used		<input checked="" type="checkbox"/>	
<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			
<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			

**FOOD SAFETY AND CORONAVIRUS (COVID-19) SPECIAL INSPECTION OBSERVATIONS**

-Permit holder should be Edgar Santos

Received by (Print) Edgar Santos Title \_\_\_\_\_  
 Email: moonsrestaurant@gmail.com  
 Specialist (Print) Eric Carbo Specialist (Signature) [Signature] Re-inspection Date: next routine