



Date of Inspection: 7/16/20

Facility Name: Ranch House Phone Number 258-4226 PR ID# 98
 Facility Site Address: 669 MAIN City: CHESTER Zip 96020
 Permit #: 20-067 Exp Date: 8/25/21 Permit Holder: SHANNON STORY
 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>MEGAN WHITE</u> Exp. Date <u>11/14/24</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			

		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	

In	N/O-N/A		COS	MAJ	OUT
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			

		OUT	
		39. Thermometers provided and accurate	
		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) Shannon M Story Title Owner
 Received by (Signature) [Signature]
 Specialist (Print) PAT SANDERS Specialist (Signature) [Signature] Re-inspection Date: _____

- SPOKE w/ OWNER & EMPLOYEES REGARDING MANDATORY USE OF FACE COVERINGS TO MEET CURRENT GOV'S MANDATE - INDOOR SEATING NOT AVAILABLE @ TIME OF INSPECTION