



Date of Inspection: 01 SEP 20

Facility Name: BANK CLUB Phone Number 832-0466 PR ID # 77  
 Facility Site Address: 190 COMMERCIAL City: PORTOLA Zip: 96122  
 Permit #: 10/28/20 Exp Date: 20052 Permit Holder: THE PORTOLA NIGHT INN LLC  
 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				
Food Safety Cert Name: <u>- PENDING -</u> Exp. Date				
<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"/>			<input checked="" type="checkbox"/>	
5. Proper eating, tasting, drinking or tobacco use				
<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"/>		<input checked="" type="checkbox"/>	
7. Adequate handwashing facilities supplied & accessible				
<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"/>			<input checked="" type="checkbox"/>	
13. Returned and re-service of food				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
14. Food in good condition, safe and unadulterated				
<input checked="" type="checkbox"/>				
15. 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"/>			
16. Food obtained from approved source				
<b>CORONAVIRUS GUIDANCE IMPLEMENTATION</b>				
<input checked="" type="checkbox"/>				
17. Takeout, Curbside Pickup, or Delivery Only				
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
18. Social Distancing Implemented				
				<input checked="" type="checkbox"/>
19. Face Covering Used				
<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 <u>&gt;125°F</u>				
<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**

- Food cooked or warmed to order  
- #1) OBTAIN A CERTIFIED FOOD HANDLER AS SOON AS POSSIBLE  
#2) HOT HOLDING FOODS REMOVED FROM AT TIME OF INSPECTION  
#23) INSTALL TIGHT-FITTING FLY SCREENS AT ENTRY DOORS TO EXCLUDE INSECTS,

Received by (Print) OWNER PHOTOGRAPHED INSPECTION REPORT Title

Email:

Specialist (Print) Rob Robinson Specialist (Signature)

Re-inspection Date: