



Date of Inspection: 5/22/2020

Facility Name: Golden King Restaurant Phone Number 283-3338 PR ID # 143
 Facility Site Address: 1730 E Main St. City: Quincy Zip 95971
 Permit #: 20-109 Exp Date: 2/1/21 Permit Holder: Chih Lian Huang & Qi Kai Mai
 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
DEMONSTRATION OF KNOWLEDGE					
<input checked="" type="checkbox"/>		1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>Qi Kai Mai</u>		Exp. Date: <u>1/22/21</u>			
<input checked="" type="checkbox"/>		2. All food handlers have valid Food Handler Cards			
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
<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			
PREVENTING CONTAMINATION BY HANDS					
<input checked="" type="checkbox"/>		6. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>		7. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS					
<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			
PROTECTION FROM CONTAMINATION					
<input checked="" type="checkbox"/>		13. Returned and re-service of food			
<input checked="" type="checkbox"/>		14. Food in good condition, safe and unadulterated			
<input checked="" type="checkbox"/>		15. Food contact surfaces: clean and sanitized			
FOOD FROM APPROVED SOURCES					
<input checked="" type="checkbox"/>		16. Food obtained from approved source			
CORONAVIRUS GUIDANCE IMPLEMENTATION					
<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			
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"/>		21. Hot and cold water available			
LIQUID WASTE DISPOSAL					
<input checked="" type="checkbox"/>		22. Sewage and wastewater properly disposed			
VERMIN					
<input checked="" type="checkbox"/>		23. No rodents, insects, birds, or animals			

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

-Routinely clean non-food contact surfaces to stay up on general cleanliness of the kitchen (i.e. walls in kitchen, freezer room, vent, hood, etc.)
 - Screen door violation has been corrected.

Received by (Print) Qi Kai Mai Title _____
 Email: mail
 Specialist (Print) Eric Caubo Specialist (Signature) [Signature] Re-inspection Date: next routine