



Date of Inspection: 3 NOV 20

Facility Name: GRAEAGLE RESTAURANT Phone Number 836-2293 PR ID # 147
 Facility Site Address: May 89 City: GRAEAGLE Zip 94003
 Permit #: 26-113 Exp Date: 2/1/21 Permit Holder: ED WARD 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	In	N/O-N/A		COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE						FOOD FROM APPROVED SOURCES					
X		1. Demonstration of knowledge; food safety certification				X		16. Food obtained from approved source			
		Food Safety Cert Name: <u>Ed Ward</u> Exp. Date: <u>7/14/25</u>				CORONAVIRUS GUIDANCE IMPLEMENTATION					
X		2. All food handlers have valid Food Handler Cards				X		17. Takeout, Curbside Pickup, or Delivery Only			
EMPLOYEE HEALTH & HYGIENIC PRACTICES						X		18. Social Distancing Implemented			
X		3. Communicable disease; reporting, restrictions & exclusions				X		19. Face Covering Used			
X		4. No discharge from eyes, nose, and mouth				Highly Susceptible Populations					
X		5. Proper eating, tasting, drinking or tobacco use				X		20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
PREVENTING CONTAMINATION BY HANDS						WATER/HOT WATER					
X		6. Hands clean and properly washed; gloves used properly				X		21. Hot and cold water available			
X		7. Adequate handwashing facilities supplied & accessible				LIQUID WASTE DISPOSAL					
TIME AND TEMPERATURE RELATIONSHIPS						X		22. Sewage and wastewater properly disposed			
X		8. Proper hot and cold holding temperatures				VERMIN					
X		9. Time as a public health control; procedures & records				X		23. No rodents, insects, birds, or animals			
X		10. Proper cooling methods									
X		11. Proper cooking time & temperatures									
X		12. Proper reheating procedures for hot holding									
PROTECTION FROM CONTAMINATION											
X		13. Returned and re-service of food									
X		14. Food in good condition, safe and unadulterated									
X		15. Food contact surfaces: clean and sanitized									

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

Received by (Print) OWNER COPIED REPORT W/ PHONE CAMERA Title _____
 Email: _____
 Specialist (Print) [Signature] Specialist (Signature) _____ Re-inspection Date: _____

