



Date of Inspection: 10/16/20

Facility Name: GRAEAGLE MILLWORKS EXPRESS Phone Number 863-6647 PR ID # 1162
 Facility Site Address: 115 HWY 89 City: GRAEAGLE Zip 96153
 Permit #: 20-0785 Exp Date: 7/14/21 Permit Holder: SONIA PARTIDA 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:		Exp. Date			
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
<input checked="" type="checkbox"/>		2. All food handlers have valid Food Handler Cards			
PREVENTING CONTAMINATION BY HANDS					
<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"/>		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			

In	N/O-N/A		COS	MAJ	OUT
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

Observation area with multiple blank lines for recording findings.

Received by (Print) PHOTO OF REPORT TAKEN AT TIME OF INSPECTION Title _____

Email: _____

Specialist (Print) R.G. ROBINETTE

Specialist (Signature) [Signature]

Re-inspection Date: _____