



Date of Inspection: 6/2/20

Facility Name: Gracastle Mill Works Phone Number: _____ PR ID # 111
 Facility Site Address: 1150 Hwy 89 City: Gracastle Zip 916103
 Permit #: 20-078 Exp Date: 3/20/21 Permit Holder: Sonja Partain
 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					
<input checked="" type="checkbox"/>		1. Demonstration of knowledge; food safety certification				<input checked="" type="checkbox"/>		16. Food obtained from approved source			
Food Safety Cert Name: <u>Sonja Partain</u> Exp. Date <u>12/17/21</u>						CORONAVIRUS GUIDANCE IMPLEMENTATION					
<input checked="" type="checkbox"/>		2. All food handlers have valid Food Handler Cards				<input checked="" type="checkbox"/>		17. Takeout, Curbside Pickup, or Delivery Only			
EMPLOYEE HEALTH & HYGIENIC PRACTICES						<input checked="" type="checkbox"/>		18. Social Distancing Implemented			
<input checked="" type="checkbox"/>		3. Communicable disease; reporting, restrictions & exclusions				<input checked="" type="checkbox"/>		19. Face Covering Used			
<input checked="" type="checkbox"/>		4. No discharge from eyes, nose, and mouth				Highly Susceptible Populations					
<input checked="" type="checkbox"/>		5. Proper eating, tasting, drinking or tobacco use				<input checked="" type="checkbox"/>		20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
PREVENTING CONTAMINATION BY HANDS						WATER/HOT WATER					
<input checked="" type="checkbox"/>		6. Hands clean and properly washed; gloves used properly				<input checked="" type="checkbox"/>		21. Hot and cold water available			
<input checked="" type="checkbox"/>		7. Adequate handwashing facilities supplied & accessible				LIQUID WASTE DISPOSAL					
TIME AND TEMPERATURE RELATIONSHIPS						<input checked="" type="checkbox"/>		22. Sewage and wastewater properly disposed			
<input checked="" type="checkbox"/>		8. Proper hot and cold holding temperatures				VERMIN					
<input checked="" type="checkbox"/>		9. Time as a public health control; procedures & records				<input checked="" type="checkbox"/>		23. No rodents, insects, birds, or animals			
<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				<input checked="" type="checkbox"/>		15. Food contact surfaces: clean and sanitized			

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

Observation area with multiple empty rows for recording findings.

Received by (Print) Sonja Partain Title _____
 Email: gracastlewillworks@yahoo.com
 Specialist (Print) Eric Canber Specialist (Signature) [Signature] Re-inspection Date: next routine