



Date of Inspection: 10 Nov 20

Facility Name: STATION ONE Phone Number 832-9640 PR ID # 1116
 Facility Site Address: 164 E SIENNA City: PORTOLA Zip 96128
 Permit #: 20-923 Exp Date: 7/25/21 Permit Holder: SHARON PREECKLEWICK 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					
X		1. Demonstration of knowledge; food safety certification			
		Food Safety Cert Name: <u>SHARON PREECKLEWICK</u> Exp. Date <u>7/11/23</u>			
		2. All food handlers have valid Food Handler Cards			
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
X		3. Communicable disease; reporting, restrictions & exclusions			
X		4. No discharge from eyes, nose, and mouth			
X		5. Proper eating, tasting, drinking or tobacco use			
PREVENTING CONTAMINATION BY HANDS					
X		6. Hands clean and properly washed; gloves used properly			
		7. Adequate handwashing facilities supplied & accessible			X
TIME AND TEMPERATURE RELATIONSHIPS					
X		8. Proper hot and cold holding temperatures			
X	X	9. Time as a public health control; procedures & records			
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			

In	N/O-N/A		COS	MAJ	OUT
FOOD FROM APPROVED SOURCES					
X		16. Food obtained from approved source			
CORONAVIRUS GUIDANCE IMPLEMENTATION					
X		17. Takeout, Curbside Pickup, or Delivery Only			
		18. Social Distancing Implemented			
		19. Face Covering Used			X
Highly Susceptible Populations					
	X	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
WATER/HOT WATER					
X		21. Hot and cold water available			
LIQUID WASTE DISPOSAL					
X		22. Sewage and wastewater properly disposed			
VERMIN					
X		23. No rodents, insects, birds, or animals			

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

#7) REPAIR THE KITCHEN HANDWASH SINK TO PROVIDE HOT & COLD WATER FOR WASHING HANDS
 19) ENSURE EMPLOYEES WEAR FACE COVERINGS

Received by (Print): PHOTO COPY OF INSPECTION REPORT (CELL PHONE) Title: _____
 Email: LETT W/ EMPLOYEE
 Specialist (Print): ROB ROBINETTE Specialist (Signature): _____ Re-inspection Date: _____