



Date of Inspection: 25 SEP 20

Facility Name: CHILCOOT FROSTY Phone Number 993-4287 PR ID # 110
 Facility Site Address: 94177 Hwy 70 City: CHILCOOT Zip 96105
 Permit #: 20-097 Exp Date: 3/1/21 Permit Holder: CAROLYN WIDMANN
 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>CAROLYN WIDMANN</u> Exp. Date: <u>3/23/23</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 | 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) CAMER PHOTOGRAPHED REPORT Title _____
 Email: _____

Specialist (Print) Rob Reinhart Specialist (Signature) _____
 Re-inspection Date: _____