



Date of Inspection: 5/21/19

Facility Name: CHESTER MINI-MART Phone Number 258-3500 PR ID# 203
 Facility Site Address: 303 MAIN City: CHESTER Zip 96020
 Permit #: 18-170-A Exp Date: 9/1/19 Permit Holder: TEIG CHESTER INC. Type of Inspection: ROUTINE

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>CHARLENE MAYS</u>	Exp. Date <u>4/28/22</u>		
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
X		2. Communicable disease; reporting, restrictions & exclusions			
X		3. No discharge from eyes, nose, and mouth			
X		4. Proper eating, tasting, drinking or tobacco use			
PREVENTING CONTAMINATION BY HANDS					
X		5. Hands clean and properly washed; gloves used properly			
X		6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS					
X		7. Proper hot and cold holding temperatures			
	X	8. Time as a public health control; procedures & records			
X		9. Proper cooling methods			
X		10. Proper cooking time & temperatures			
	X	11. Proper reheating procedures for hot holding			
PROTECTION FROM CONTAMINATION					
X		12. Returned and re-service of food			
X		13. Food in good condition, safe and unadulterated			
X		14. Food contact surfaces: clean and sanitized			

In	N/O-N/A		COS	MAJ	OUT
FOOD FROM APPROVED SOURCES					
X		15. Food obtained from approved source			
	X	16. Compliance with shell stock tags, condition, display			
	X	17. Compliance with Gulf Oyster Regulations			
CONFORMANCE WITH APPROVED PROCEDURES					
	X	18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
CONSUMER ADVISORY					
	X	19. Consumer advisory provided for raw or undercooked foods			
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			
		Temp <u>170°F</u>			
LIQUID WASTE DISPOSAL					
X		22. Sewage and wastewater properly disposed			
VERMIN					
X		23. No rodents, insects, birds, or animals			

SUPERVISION			OUT
24. Person in charge present and performs duties			
PERSONAL CLEANLINESS			
25. Personal cleanliness and hair restraints			
GENERAL FOOD SAFETY REQUIREMENTS			
26. Approved thawing methods used, frozen food			
27. Food separated and protected			
28. Washing fruits and vegetables			
29. Toxic substances properly identified, stored, used			
FOOD STORAGE/ DISPLAY/ SERVICE			
30. Food storage; food storage containers identified			
31. Consumer self-service			
32. Food properly labeled & honestly presented			
EQUIPMENT/ UTENSILS/ LINENS			
33. Nonfood contact surfaces clean			
34. Warewashing facilities: installed, maintained, used; test strips			
35. Equipment/ Utensils approved; installed; clean; good repair, capacity			
36. Equipment, utensils and linens: storage and use			
37. Vending machines			
38. Adequate ventilation and lighting; designated areas, use			

39. Thermometers provided and accurate			OUT
40. Wiping cloths: properly used and stored			
PHYSICAL FACILITIES			
41. Plumbing: proper backflow devices			
42. Garbage and refuse properly disposed; facilities maintained			
43. Toilet facilities: properly constructed, supplied, cleaned			
44. Premises; personal/cleaning items; vermin-proofing			
PERMANENT FOOD FACILITIES			
45. Floor, walls and ceilings: built, maintained, and clean			
46. No unapproved private homes/ living or sleeping quarters			
SIGNS/ REQUIREMENTS			
47. Signs posted; last inspection report available			
COMPLIANCE & ENFORCEMENT			
48. Plan Review			
49. Permits Available			
50. Impoundment			
51. Permit Suspension			

Received by (Print) Charlene Mays Title Manager
 Received by (Signature) Charlene Mays
 Specialist (Print) PAT SANDOZ Specialist (Signature) [Signature] Re-inspection Date: _____