



Date of Inspection: 11 SEP 20

Facility Name: THE DEAR Phone Number 836-7325 PR ID # 1437
 Facility Site Address: 7482 HWY 89 City: GRACENGLS Zip 96103
 Permit #: PERED179 Exp Date: _____ Permit Holder: KELLY HUNTER
 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 | | | | | |
| | | 1. Demonstration of knowledge; food safety certification | | | X |
| | | Food Safety Cert Name: <u>PENDRIG</u> Exp. Date _____ | | | |
| | | 2. All food handlers have valid Food Handler Cards | | | X |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | | |
| X | | 3. Communicable disease; reporting, restrictions & exclusions | | | |
| X | | 4. No discharge from eyes, nose, and mouth | | | |
| X | | 5. Proper eating, lasting, drinking or tobacco use | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | | |
| X | | 6. Hands clean and properly washed; gloves used properly | | | |
| X | | 7. Adequate handwashing facilities supplied & accessible | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | | |
| | X | 8. Proper hot and cold holding temperatures | | | |
| | 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 | | | | | |
| | | 17. Takeout, Curbside Pickup, or Delivery Only | | | |
| X | | 18. Social Distancing Implemented | | | |
| X | | 19. Face Covering Used | | | |
| 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

-#1) RESTRICTION A FOOD HANDLER CERTIFICATION
 - ENSURE EACH EMPLOYEE HAS EITHER TAKE A FOOD HANDLER
CARD OR A FOOD HANDLER CERTIFICATION

Received by (Print)

Title

Email:

Specialist (Print)

Specialist (Signature)

Re-inspection Date: