



Date of Inspection: 11/23/20

Facility Name: Round Table Pizza Phone Number: _____ PR ID # 154
 Facility Site Address: 100 E Main St. City: Quincy Zip: 95971
 Permit #: 20-121 Exp Date: 12/1/21 Permit Holder: Kerri Hoover
 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>Kerri Hoover</u> Exp. Date: <u>7/16/24</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									

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

-Dishwasher does not have chlorine residual at time of inspection.
 → Hand wash all dishes, utensils, and equipment using three compartment sink until dishwasher is repaired.

Received by (Print) Enmail Title _____
 Email: _____
 Specialist (Print) Eric Carbo Specialist (Signature) [Signature] Re-inspection Date: next routine