



Date of Inspection: 5/22/20

Facility Name: Haskins Valley Store Phone Number _____ PR ID # 190
 Facility Site Address: 16788 Buckles Lake Rd. City: Buckles Lake Zip 95971
 Permit #: 20-157 Exp Date: 2/1/21 Permit Holder: Kenneth & Dixie Nelson
 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>Debbie Knipe</u> Exp. Date <u>5/11/21</u>						CORONAVIRUS GUIDANCE IMPLEMENTATION					
X		2. All food handlers have valid Food Handler Cards				X	/	17. <u>Takeout, Curbside Pickup, or Delivery Only</u>			
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	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

Observation area with multiple empty rows for recording findings.

Received by (Print) No signature due to covid procedure - emailed to owner Title _____ Date 5/22/20
 Email: kdnelsons@hughes.net
 Specialist (Print) T. Stirling Specialist (Signature) [Signature] Re-inspection Date: _____