



Date of Inspection: 12/8/20

Facility Name: One Stop Phone Number _____ PR ID # 218
 Facility Site Address: 2003 E. Main St. City: Quincy Zip 95971
 Permit #: 20-185 Exp Date: 2/14/21 Permit Holder: Bhupinder Singh
 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 | | | | | |
| <input checked="" type="checkbox"/> | | 1. Demonstration of knowledge; food safety certification | | | |
| | | Food Safety Cert Name: <u>Rachelle Braswell</u> Exp. Date <u>2/14/21</u> | | | |
| <input checked="" type="checkbox"/> | | 2. All food handlers have valid Food Handler Cards | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | | |
| <input checked="" type="checkbox"/> | | 3. Communicable disease; reporting, restrictions & exclusions | | | |
| <input checked="" type="checkbox"/> | | 4. No discharge from eyes, nose, and mouth | | | |
| <input checked="" type="checkbox"/> | | 5. Proper eating, tasting, drinking or tobacco use | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | | |
| <input checked="" type="checkbox"/> | | 6. Hands clean and properly washed; gloves used properly | | | |
| | | 7. Adequate handwashing facilities supplied & accessible | | | <input checked="" type="checkbox"/> |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | | |
| <input checked="" type="checkbox"/> | | 8. Proper hot and cold holding temperatures | | | |
| | <input checked="" type="checkbox"/> | 9. Time as a public health control; procedures & records | | | |
| | <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 | | | |

| In | N/O-N/A | | COS | MAJ | OUT |
|--|-------------------------------------|---|-----|-----|-----|
| FOOD FROM APPROVED SOURCES | | | | | |
| <input checked="" type="checkbox"/> | | 16. Food obtained from approved source | | | |
| CORONAVIRUS GUIDANCE IMPLEMENTATION | | | | | |
| <input checked="" type="checkbox"/> | | 17. Takeout, Curbside Pickup, or Delivery Only | | | |
| <input checked="" type="checkbox"/> | | 18. Social Distancing Implemented | | | |
| <input checked="" type="checkbox"/> | | 19. Face Covering Used | | | |
| Highly Susceptible Populations | | | | | |
| | <input checked="" type="checkbox"/> | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered | | | |
| WATER/HOT WATER | | | | | |
| <input checked="" type="checkbox"/> | | 21. Hot and cold water available | | | |
| LIQUID WASTE DISPOSAL | | | | | |
| <input checked="" type="checkbox"/> | | 22. Sewage and wastewater properly disposed | | | |
| VERMIN | | | | | |
| <input checked="" type="checkbox"/> | | 23. No rodents, insects, birds, or animals | | | |

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

7. Keep hand washing facilities supplied with soap. Dispenser out of soap at time of inspection.

Received by (Print) Operator photo documented Title _____
 Email: _____
 Specialist (Print) Eric Coubo Specialist (Signature) [Signature] Re-inspection Date: next routine