



Date of Inspection: 31 Dec 20

Facility Name: MOUNTAIN PIZZA Phone Number: 832-9991 PR ID # 1396
 Facility Site Address: 148 E SIERRA City: 96122 Zip: 96122
 Permit #: 20-111 Exp Date: 9/18/21 Permit Holder: MARYANNE & KATHLEEN 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					
X		1. Demonstration of knowledge; food safety certification			
		Food Safety Cert Name: <u>Randy KATHLEEN</u> Exp. Date: <u>11/10/24</u>			
X		2. All food handlers have valid Food Handler Cards			
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
X		3. Communicable disease; reporting, restrictions & exclusions			
X		4. No discharge from eyes, nose, and mouth			
X		5. Proper eating, tasting, 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			
FOOD FROM APPROVED SOURCES					
X		16. Food obtained from approved source			
CORONAVIRUS GUIDANCE IMPLEMENTATION					
X		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

- REPLACE THE MISSING 3 COMPARTMENT SINK IN THE DISHWASHING AREA
- REPAIR THE DAMAGED FLOOR IN THE DISHWASHING AREA UNDER PERMIT ISSUED BY THE CITY OF PORTOLA
- REPAIR THE WAREWASHER TO PROVIDE 50PPM CL²
- UNTIL THE WAREWASHER IS REPAIRED - SANITIZE MULTI-USE UTENSILS USING A SOLUTION OF 100PPM CL² AND AIR DRY.

Received by (Print) OWNER PHOTO COPIED REPORT AT TIME OF INSPECTION Title _____
 Email: _____

Specialist (Print) Rob Robinson Specialist (Signature) _____ Re-inspection Date: _____