



Date of Inspection: 3/16/21

Facility Name: Quincy Natural Foods Phone Number _____ PR ID # 247
 Facility Site Address: 209 City: Quincy Zip 95971
 Permit #: 20-214 Exp Date: 6/21/21 Permit Holder: _____
 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>Megan Leonhardt</u> Exp. Date <u>12/10/24</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				

In	N/O-N/A	COS	MAJ	OUT
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

8. Keep an eye on Deli Fridge 41-44° at time of inspection.

Received by (Print) Marcie Wilde Title General Manager
 Email: gm@qnf.coop
 Specialist (Print) [Signature] Specialist (Signature) Trinity Strling Re-inspection Date: _____