



Date of Inspection: 12 MAR 21

Facility Name: VILLAGE BAKER Phone Number 836-4664 PR ID # 445  
 Facility Site Address: 390 BONTAS ST City: BLANSCOLEN Zip: 96103  
 Permit #: 20-407 Exp Date: 6/1/21 Permit Holder: ANISBETH SILVA  
 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
<b>DEMONSTRATION OF KNOWLEDGE</b>					
X		1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>CARISTINA CABALLERO</u> Exp. Date <u>6/3/24</u>					
X		2. All food handlers have valid Food Handler Cards			
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>					
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			
<b>PREVENTING CONTAMINATION BY HANDS</b>					
X		6. Hands clean and properly washed; gloves used properly			
X		7. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					
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			
<b>PROTECTION FROM CONTAMINATION</b>					
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			
<b>FOOD FROM APPROVED SOURCES</b>					
X		16. Food obtained from approved source			
<b>CORONAVIRUS GUIDANCE IMPLEMENTATION</b>					
X		17. Takeout, Curbside Pickup, or Delivery Only			
X		18. Social Distancing Implemented			
X		19. Face Covering Used			
<b>Highly Susceptible Populations</b>					
X		20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
<b>WATER/HOT WATER</b>					
X		21. Hot and cold water available <u>120°F</u>			
<b>LIQUID WASTE DISPOSAL</b>					
X		22. Sewage and wastewater properly disposed			
<b>VERMIN</b>					
X		23. No rodents, insects, birds, or animals			

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

#2) ENSURE EACH EMPLOYEE/WORKER HAS EITHER A FOOD HANDLER CARD OR A FOOD HANDLER CERTIFICATION.

Received by (Print): DIVINE PHOTO COPIED INSPECTION REPORT AT TIME OF INSPECTION Title: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Specialist (Print): Rob Robinson Specialist (Signature): \_\_\_\_\_ Re-inspection Date: \_\_\_\_\_