



Date of Inspection: 3/23/21

Facility Name: The Knook Phone Number: _____ PR ID #: 178
 Facility Site Address: 437 Main St. City: Quincy Zip: 95971
 Permit #: 21-145 Exp Date: 3/1/22 Permit Holder: Kristin Bauer
 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>Kristin Bauer</u> Exp. Date <u>11/7/23</u>									
X		2. All food handlers have valid Food Handler Cards				X		17. Takeout, Curbside Pickup, or Delivery Only			
EMPLOYEE HEALTH & HYGIENIC PRACTICES						CORONAVIRUS GUIDANCE IMPLEMENTATION					
X		3. Communicable disease; reporting, restrictions & exclusions				X		18. Social Distancing Implemented			
X		4. No discharge from eyes, nose, and mouth				X		19. Face Covering Used			
X		5. Proper eating, tasting, drinking or tobacco use				Highly Susceptible Populations					
PREVENTING CONTAMINATION BY HANDS						WATER/HOT WATER					
X		6. Hands clean and properly washed; gloves used properly				X		20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
		7. Adequate handwashing facilities supplied & accessible				LIQUID WASTE DISPOSAL					
TIME AND TEMPERATURE RELATIONSHIPS						VERMIN					
X		8. Proper hot and cold holding temperatures				X		21. Sewage and wastewater properly disposed			
	X	9. Time as a public health control; procedures & records				X		22. 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

7. Need a dispenser for paper towels or papertowel holder to allow for touchless dispensing of towels

Received by (Print) Rachel & Charlan - took photo Title _____
 Email: - none -
 Specialist (Print) T. Stirling Specialist (Signature) [Signature] Re-inspection Date: _____