



Date of Inspection: 4/8/21

Facility Name: KONINKRIJK KOFFIE Phone Number 259-4221 PR ID # 1360  
 Facility Site Address: 240 MAIN City: CHESTER Zip 96020  
 Permit #: 21-1081 Exp Date: 5/24/22 Permit Holder: RACHEL BETZLER Type of Inspection: **SPECIAL**

See reverse side for the code sections and general requirements that correspond to each violation listed below ROUTINE

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>RACHEL BETZLER</u> Exp. Date <u>9/27/23</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>					
		17. Takeout, Curbside Pickup, or Delivery Only			N/A
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			
<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**

Received by (Print) Rachel Betzler Title \_\_\_\_\_

Email: \_\_\_\_\_

Specialist (Print) PAT SANDERS Specialist (Signature) [Signature] Re-inspection Date: \_\_\_\_\_