



Date of Inspection: 4/8/21

Facility Name: BEST WESTERN ROSE QUARTZ Phone Number 258-2002 PR ID # 80
 Facility Site Address: 306 MAIN City: CHESTER Zip 96020
 Permit #: 21-022 Exp Date: 1/1/22 Permit Holder: GHULAM FARSEED 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
DEMONSTRATION OF KNOWLEDGE					
X		1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: <u>KATINA PORTLOCK</u> Exp. Date <u>7/12/24</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					
		17. Takeout, Curbside Pickup, or Delivery Only			
X		18. Social Distancing Implemented			
X		19. Face Covering Used <u>AVAILABLE</u>			
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

Received by (Print) Kari R. Pava Title _____

Email: _____

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