



Date of Inspection: 4/9/21

Facility Name: Lucio's Phone Number: 283-1949 PR ID # 1251
 Facility Site Address: 875 E Main St. City: Quincy Zip: 95971
 Permit #: 20-131 Exp Date: 4/24/21 Permit Holder: Lucio Macias
 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					
<input checked="" type="checkbox"/>		1. Demonstration of knowledge; food safety certification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
		Food Safety Cert Name: <u>Lucio Macias</u> Exp. Date: <u>4/25/23</u>			
<input checked="" type="checkbox"/>		2. All food handlers have valid Food Handler Cards			
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Communicable disease; reporting, restrictions & exclusions			
<input checked="" type="checkbox"/>		4. No discharge from eyes, nose, and mouth			
<input checked="" type="checkbox"/>		5. Proper eating, tasting, drinking or tobacco use		<input checked="" type="checkbox"/>	
PREVENTING CONTAMINATION BY HANDS					
	<input checked="" type="checkbox"/>	6. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Adequate handwashing facilities supplied & accessible		<input checked="" type="checkbox"/>	
TIME AND TEMPERATURE RELATIONSHIPS					
<input checked="" type="checkbox"/>		8. Proper hot and cold holding temperatures			
	<input checked="" type="checkbox"/>	9. Time as a public health control; procedures & records			
	<input checked="" type="checkbox"/>	10. Proper cooling methods			
	<input checked="" type="checkbox"/>	11. Proper cooking time & temperatures			
	<input checked="" type="checkbox"/>	12. Proper reheating procedures for hot holding			
PROTECTION FROM CONTAMINATION					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	13. Returned and re-service of food		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14. Food in good condition, safe and unadulterated			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15. Food contact surfaces: clean and sanitized			
FOOD FROM APPROVED SOURCES					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16. Food obtained from approved source			
CORONAVIRUS GUIDANCE IMPLEMENTATION					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17. Takeout, Curbside Pickup, or Delivery Only			
<input checked="" type="checkbox"/>		18. Social Distancing Implemented		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		19. Face Covering Used		<input checked="" type="checkbox"/>	
Highly Susceptible Populations					
	<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
WATER/HOT WATER					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21. Hot and cold water available			
LIQUID WASTE DISPOSAL					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22. Sewage and wastewater properly disposed			
VERMIN					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	23. No rodents, insects, birds, or animals			

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

- Screen door needs to be put up if back door is to be open

Received by (Print) Operator photo documented Title _____

Email: _____

Specialist (Print) Eric Caube

Specialist (Signature)

Re-inspection Date: next routine