



Date of Inspection: 4/9/21

Facility Name: Patti's Thunder Cafe Phone Number 283-3300 PR ID # 223
 Facility Site Address: 557 Lawrence St. City: Quincy Zip 95971
 Permit #: 21-190 Exp Date: 4/24/22 Permit Holder: Patricia DeCoe 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			
		Food Safety Cert Name: <u>Patricia DeCoe</u> Exp. Date <u>11/16/23</u>			
<input checked="" type="checkbox"/>		2. All food handlers have valid Food Handler Cards			
EMPLOYEE HEALTH & HYGIENIC PRACTICES					
<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			
PREVENTING CONTAMINATION BY HANDS					
<input checked="" type="checkbox"/>		6. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>		7. Adequate handwashing facilities supplied & accessible			
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"/>		13. Returned and re-service of food			
<input checked="" type="checkbox"/>		14. Food in good condition, safe and unadulterated			
<input checked="" type="checkbox"/>		15. Food contact surfaces: clean and sanitized			

In	N/O-N/A		COS	MAJ	OUT
FOOD FROM APPROVED SOURCES					
<input checked="" type="checkbox"/>		16. Food obtained from approved source			
CORONAVIRUS GUIDANCE IMPLEMENTATION					
<input checked="" type="checkbox"/>		17. Takeout, Curbside Pickup, or Delivery Only			
<input checked="" type="checkbox"/>		18. Social Distancing Implemented			
<input checked="" type="checkbox"/>		19. Face Covering Used			
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"/>		21. Hot and cold water available			
LIQUID WASTE DISPOSAL					
<input checked="" type="checkbox"/>		22. Sewage and wastewater properly disposed			
VERMIN					
<input checked="" type="checkbox"/>		23. No rodents, insects, birds, or animals			

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

Received by (Print) patzdecoc@gmail.com Title _____
 Email: _____
 Specialist (Print) [Signature] Specialist (Signature) Eric Caubo Re-inspection Date: next routine