



Date of Inspection: 4/9/21

Facility Name: <u>Moons</u>		Phone Number: _____		PR ID #: <u>207</u>
Facility Site Address: <u>497 Lawrence St.</u>		City: <u>Quincy</u>	Zip: <u>95971</u>	
Permit #: <u>21-174</u>	Exp Date: <u>2/27/22</u>	Permit Holder: <u>Edgar Santos</u>		
				Type of Inspection: <b>SPECIAL</b>

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
<b>DEMONSTRATION OF KNOWLEDGE</b>					
<input checked="" type="checkbox"/>		1. Demonstration of knowledge; food safety certification			
		Food Safety Cert Name: <u>Edgar Santos</u>	Exp. Date <u>5/10/23</u>		
<input checked="" type="checkbox"/>		2. All food handlers have valid Food Handler Cards			
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>					
<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			
<b>PREVENTING CONTAMINATION BY HANDS</b>					
	<input checked="" type="checkbox"/>	6. Hands clean and properly washed; gloves used properly			
<input checked="" type="checkbox"/>		7. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					
<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			
<b>PROTECTION FROM CONTAMINATION</b>					
<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
<b>FOOD FROM APPROVED SOURCES</b>					
<input checked="" type="checkbox"/>		16. Food obtained from approved source			
<b>CORONAVIRUS GUIDANCE IMPLEMENTATION</b>					
<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			
<b>Highly Susceptible Populations</b>					
	<input checked="" type="checkbox"/>	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
<b>WATER/HOT WATER</b>					
<input checked="" type="checkbox"/>		21. Hot and cold water available			
<b>LIQUID WASTE DISPOSAL</b>					
<input checked="" type="checkbox"/>		22. Sewage and wastewater properly disposed			
<b>VERMIN</b>					
<input checked="" type="checkbox"/>		23. No rodents, insects, birds, or animals			

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


Received by (Print) \_\_\_\_\_

Title \_\_\_\_\_

Email: moonsrestaurant1@gmail.com

Specialist (Print) Eric Canbo

Specialist (Signature)

Re-inspection Date: next routine