



Date of Inspection: 2/23/21

Facility Name: SENIOR NUTRITION - CHESTER Phone Number _____ PR ID # 260
 Facility Site Address: 366 MEADOW LOOP City: CHESTER Zip: 96020
 Permit #: 20-227 Exp Date: 7/9/20 Permit Holder: PCPH
 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	In	N/O-N/A		COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE						FOOD FROM APPROVED SOURCES					
		1. Demonstration of knowledge; food safety certification			X	X		16. Food obtained from approved source			
Food Safety Cert Name: <u>OBTAIN w/in 30 DAYS</u> Exp. Date						CORONAVIRUS GUIDANCE IMPLEMENTATION					
X		2. All food handlers have valid Food Handler Cards				X		17. Takeout, Curbside Pickup, or Delivery Only			
EMPLOYEE HEALTH & HYGIENIC PRACTICES						X		18. Social Distancing Implemented			
X		3. Communicable disease; reporting, restrictions & exclusions				X		19. Face Covering Used			
X		4. No discharge from eyes, nose, and mouth				Highly Susceptible Populations					
X		5. Proper eating, lasting, drinking or tobacco use				X		20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
PREVENTING CONTAMINATION BY HANDS						WATER/HOT WATER					
X		6. Hands clean and properly washed; gloves used properly				X		21. Hot and cold water available			
X		7. Adequate handwashing facilities supplied & accessible				<u>120°F+</u>					
TIME AND TEMPERATURE RELATIONSHIPS						LIQUID WASTE DISPOSAL					
X		8. Proper hot and cold holding temperatures				X		22. Sewage and wastewater properly disposed			
	X	9. Time as a public health control; procedures & records				VERMIN					
X		10. Proper cooling methods				X		23. No rodents, insects, birds, or animals			
X		11. Proper cooking time & temperatures									
X	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 SAFETY AND CORONAVIRUS (COVID-19) SPECIAL INSPECTION OBSERVATIONS

FACILITY REQUIRED TO HAVE AT LEAST 1 PERSON WITH HANDS A CURRENT B VALID FOOD SAFETY CERTIFICATE - OBTAIN & SUBMIT FOOD SAFETY CERTIFICATION w/in 30 DAYS

Received by (Print) CAROLYN STEWREN Title Site Mgr
 Email: Carolyn.Stewren
 Specialist (Print) PAT SANDERS Specialist (Signature) [Signature] Re-inspection Date: _____