



Date of Inspection: 4/21/21

Facility Name: CORNER STORE Phone Number 258-2022 PR ID # 116  
 Facility Site Address: 189 MAIN City: CHESTER Zip: 96020  
 Permit #: 21-053 Exp Date: 6/13/22 Permit Holder: SARAH B MAJOLA  
 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
<b>DEMONSTRATION OF KNOWLEDGE</b>					
	X	1. Demonstration of knowledge; food safety certification	/		
		Food Safety Cert Name: <u>NONE-PREP</u>	Exp. Date		
	X	2. All food handlers have valid Food Handler Cards			
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>					
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		/	
<b>PREVENTING CONTAMINATION BY HANDS</b>					
X		6. Hands clean and properly washed; gloves used properly			
X	/	7. Adequate handwashing facilities supplied & accessible		/	
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>					
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			
<b>PROTECTION FROM CONTAMINATION</b>					
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			
<b>FOOD FROM APPROVED SOURCES</b>					
X	/	16. Food obtained from approved source			
<b>CORONAVIRUS GUIDANCE IMPLEMENTATION</b>					
X	/	17. Takeout, Curbside Pickup, or Delivery Only		N/A	
X		18. Social Distancing Implemented		/	
X		19. Face Covering Used <u>Always</u>		/	
<b>Highly Susceptible Populations</b>					
	X	20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
<b>WATER/HOT WATER</b>					
X	/	21. Hot and cold water available			
<b>LIQUID WASTE DISPOSAL</b>					
X	/	22. Sewage and wastewater properly disposed			
<b>VERMIN</b>					
X	/	23. No rodents, insects, birds, or animals			

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

Observation area with multiple empty rows for recording special inspection observations.

Received by (Print) MAJOLA Title \_\_\_\_\_  
 Email: cornerstore289@yahoo.com  
 Specialist (Print) PAT SANDERS Specialist (Signature) [Signature] Re-inspection Date: \_\_\_\_\_