Food Establishment Inspection Report

Facility Type: Adult Day Ca Afterschool I Assisted Livi	Weal ProgCrisis Stabilization UnitHome for Special	е		_Intermediate Care _Migrant Housing _Movie Theater	DDPPECRecreational	CampShort-term Treatment FacTransitional							
	_ Reinspection Construction Complaint Consultation	nCha	ange (of Ownership Epid	emiology Temporal	ry Event Other Grade							
	La la Oura Ara Luc	. 1				Correct by:							
Name of Establishmen	t: SAWHER FLED HEADEN	W	- 2		RESULTS:	North Destination							
Address: 709	NWEST CT City: 1	Mis	dolinell		Satisfactory	Next Routine Inspection	Stop Sale						
Address.	V	11 6			Unsatisfactory	8 A.M. on	Issued						
ZIP Code: 3351	Name of Person in Charge: A 2001	7 0	H	en	Onsatisfactory								
-11 3676	49 1113 Person in Charge Email:				Incomplete	ncomplete (Date)							
Telephone: 7 7 7 5		_		Desidies Number	Cleaura	Number of Risk Factors/Interve							
Date (MM/DD/YY) Be	egin Time AM/PM End Time AM/PM Permit Number			Position Number	Closure Violations Marked "OUT" (items 1-29)								
9323 (8/3/23 900a 970a 48-				Out of Business Number of Repeat Violations (1-57 R)								
017127		CTOD	CAI	ID DUBLIC HEAL	TH INTERVENTION	NS							
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS Indicate the compliance status: Mark an "X" under the compliance status, IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of													
compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility.													
Mark an "Y" in the appro	opriate box for: COS=violation corrected on site; R=repeat	violatio	n fro	m previous inspectio	n								
Iviaik air X iii tile appie	portate box for. Good violation concessed on energing representations	500 0 100 00 V	20.000										
Compliance Status		cos	B	Compliance Statu			cos R						
IN OUT N/A N/O		003		IN OUT N/A N/		Contamination							
	Supervision	T		45		protected; single service gloves							
	Demonstration of Knowledge/Training		-	15									
2	Certified Manager/Person in Charge present			17	Proper disposal of								
	Employee Health			1/ /	Proper disposal of Time/Temperature								
3	Knowledge, responsibilities and reporting			40	THE RESERVE TO SECURITION OF THE PERSON OF T								
4	Proper use of restriction and exclusion		-	18	_ Cooking time & ten								
5	Responding to vomiting & diarrheal events			20	Reheating procedu								
	Good Hygienic Practices		2-41	21	Cooling time and te								
6	Proper eating, tasting, drinking, or tobacco use			22	Hot holding temper								
7	No discharge from eyes, nose, and mouth	SETTION.	Spills	23	Cold holding tempe								
	Preventing Contamination by Hands		10	24	_ Date marking and								
8	Hands clean & properly washed		-	24	_ Time as PHC; proc	r Advisory							
9	No bare hand contact with RTE food			25	Advisory for raw/ur								
10	Handwashing sinks, accessible & supplies			25		ible Populations							
	Approved Source			26									
11 — —	Food obtained from approved source		-	20		used; No prohibited foods	- 977						
12	Food received at proper temperature			Additives and Toxic Substances 27 Food additives: approved & properly used									
13	Food in good condition, safe, & unadulterated		-	27 Food additives: approved & properly used 28 Toxic substances identified, stored, & used									
This form convex as a "!	Shellstock tags & parasite destruction Notice of Non-Compliance" pursuant to section 120.695, F	KI, K	Approved Procedures										
Statutes, Items marked	as "out" violate one or more of the requirements of Chapt	er 64E-											
11. the Florida Administ	trative Code or Chapter 381.0072, Florida Statutes.			Diel fasters are investigated or proceedures identified as the most									
Violations must be corre	ected within the time period indicated above. Continued or ing these corrections is a violation. Failure to correct violat	eration	OT	prevalent contribut	ng factors of foodbor	ne illness or injury. Public heal	th						
the time frame specified	d may result in enforcement action being initiated by the D	epartme	ent	interventions are c	ontrol measures to pro	event foodborne illness or inju	ry.						
of Health.		Alberta I											
	GOOD	RETAI	L PF	ACTICES									
	Good Retail Practices are preventative measures to conti	ol the a	dditi	on of pathogens, che	micals, and physical of	objects into foods.							
IN OUT NIA NIO		cos	_	IN OUT N/A N			cos R						
IN OUT N/A N/O	Safe Food and Water	Wast		IN OUT WAY	Proper Use	of Utensils							
30	Pasteurized eggs used where required		LI III	43	Utensils: properly s								
31				44		s: stored, dried, & handled							
32	Water & ice from approved source Variance obtained for special processing			45	Company of the Compan	service articles: stored & used							
	Food Temperature Control	FIFT II		46		oth gloves used properly							
33	Proper cooling methods; adequate equipment				The second secon	ment and Vending							
34	Plant food properly cooked for hot holding			47	Food & non-food o								
35	Approved thawing methods			48		alled, maintained, used; test strip	os						
36	Thermometers provided & accurate			49 /	Non-food contact s								
	Food Identification			LES NOT LINE		ical Facilities							
37	Food properly labeled; original container			50	Hot & cold water a	vailable; under pressure							
THE WALLS	Prevention of Food Contamination		12+1=	51		; proper backflow devices							
38	Insects, rodents, & animals not present			52		vater properly disposed							
39	No Contamination (preparation, storage, display)			53	Toilet facilities: sur								
40	Personal cleanliness			54	Garbage & refuse								
41 /	Wiping cloths: properly used & stored			55	Facilities installed,	maintained, & clean							
42 /	Washing fruits & vegetables			56	Ventilation & lighting		1 .						
The state of the s	The state of the parties of the	11		57	Permit; Fees; App	lication; Plans	O in Like						
	A X en a C	1	2/	har		Date: 8/3/2	3						
Person in Charge (Pr	int & Signature)		1	Tolo -	2014	51,97	131						
Inspector (Print & Signature) DAMA POLOV Phone: 9017177													

11225p (serving)

	Foo	d Establ	ishment Inspe	ction Re	port	
Name of Es	tablishment:	1	Permit Number:		Date:	
hur	nter Prep A	cademy	48-		8/3/23	3
			TEMPERATURE OBSER			
	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
=						
6						
		OBSE	RVATIONS AND CORRE	CTIVE ACTION	C	
\C. 1. C		UBSE	Violations cited in this repo			
Violation Number						
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	Food prepp					A Seve
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4 44			top by equipment in the com-			ggata - ster Akut r - gg
Porcer in	Charge (Signature)	Luany	an & Moon		Date 8/3/2	3
	Charge (Signature)	Junin	y prom		1,1,1	23
Inspector	(Signature)	· · ·			Date 19/5/	

Page _____ of ____