Food Establishment II VIRGINIA DEPARTMENT OF HEALTH LOCAL HEALTH DEPARTMENT As Governed by 12VAC5-421							No. of Risk Factor/Intervention Violations of Repeat Risk Factor/Intervention Violations				Page			  	
Establ	Address:		Ci	ity/State:			Zip Code	Tele	ohone						
Establishment Type: Permit Holder:						Inspection Type:			Risk Catego	ry					
			FOO	ODBORNE ILLNESS RISK FACT	OF	RS A	AND	PI	UBLIC HEA	LTH INTERVEN	TIONS				
	Circle d	lesign	nated compliance status (If	N, OUT, N/O, N/A) for each numbered item						Mark "X" in app	propriate box fo	r COS and/or R			
	complian		OUT=not in compliance	e N/O=not observed N/A=not	cos		le			S=corrected on-site du	ring inspection	R=	repeat viola		т.
Compliance Status						R	-	_C	Compliance S	Status				cos	K
				ion of Knowledge			17	۱N	TUO V	Proper disposition of		viously served	,		
1 IN (	TUC			nt, demonstrates knowledge, and performs				╁		reconditioned & unsa Potentially Hazardon		/Temperature			╁
2 IN (	OUT		duties Certified Food Protection	Managar			18	11	N OUT N/A N/O	Proper cooking time		•			т
_				oyee Health					N OUT N/A N/O	Proper reheating pro				_	+
			•	•			_	_	N OUT N/A N/O	Proper cooling time				_	+
3 IN (	DUT		knowledge responsibiliti	oloyee and conditional employee;					N OUT N/A N/O	Proper hot holding to		116		-	+
4 IN (	DUT		Proper use of restriction					_	N OUT N/A	Proper cold holding	-			_	T
5 IN (				ling to vomiting and diarrheal events			23	11 8	N OUT N/A N/O	Proper date marking				_	t
				gienic Practices			24	II.	N OUT N/A N/O	Time as a Public He		ocedures & re	cords	_	T
6 IN (	1 TUC	1/O		drinking, or tobacco use				t			mer Advisory		00.00		Ħ
7 IN (	1 TUC	<b>1/O</b>	No discharge from eyes	s, nose, and mouth			25	, II	N OUT N/A	Consumer advisory prov				工	Ι
8 IN (	OUT N	1/0		ntamination by Hands			26	TIN	N OUT N/A	1	eptible Popul				-
O IIV	JU1 1	N/O	Hands clean & properly				20		N OUT N/A	Pasteurized foods us	sed; prohibited hemical	d foods not offe	ered		L
9 IN (	1 A\N TUC			vith RTE foods or a pre-approved			27	111	N OUT N/A						-
10 IN (	OLIT		alternative procedure pr	• •			_	_	N OUT	Food additives: appr				_	+
10 114 4	JO 1			sinks properly supplied & accessible			20	Ť	1001	Toxic substances pro Conformance wit		<u>, , , , , , , , , , , , , , , , , , , </u>	u	_	H
11 IN (	DUT		Food obtained from app				29	11	N OUT N/A	Compliance with var			ACCP	$\overline{}$	Т
12 IN (	1 A\N TUC	N/O	Food received at prope							Compilance with var	iai icc/ specializ	ed process riv	1001		
13 IN (	DUT		Food in good condition,	·			1								
Poquired records available: shallstock tags							Ī		Risk factors are	e improper practices or	procedures ide	ntified as the mo	st		
14 IIN OOT N/A N/O			parasite destruction						prevalent contrib	buting factors of foodbo	me illness or inj	ury. Public Heal	th		
			Protection fr	om Contamination					Interventions are	e control measures to p	revent foodborn	ne illness or injur	y.		
15 IN (	A/N TUC		Food separated & prote	ected											
16 IN (	OUT N/A		Food-contact surfaces:					_							
				GOOD F	RET	AIL	PRA	C1	TICES						
			Good Ret	ail Practices are preventative measures to cont	rol th	ne ad	dition	of p	pathogens, chem	nicals, and physical obje	cts into foods.				
Mark "X	" in box if	numb	pered item is <b>not</b> in complia	ance Mark "X" in appropriate box f			and/or	R	CO	S=corrected on-site dur	ing inspection	R=	repeat viola		.T.
					COS	R				Duaman I	las of literal	la.		cos	i R
30				ood and Water		Г	1	13	Τ Ι.	•	Jse of Utensi	is			-
31			rized eggs used where re	•				14		itensils: properly store		12.101			+
32			k ice from approved sou				-	15		, equipment & linens: p			ea		+
32	_  va	nanc	e obtained for specialize					16		se & single-service art	icies: property	storea & usea		_	╁
	Dre	nor	cooling methods used; a	perature Control					Gioves	used properly Utensils, Equ	inment and V	ending		_	H
33		•	-	adequate equipment for					Food 8	non-food contact surfa	-				т
34		_	ature control od properly cooked for h	oot holding			4	17		designed, constructe		<del>,</del>			
35			ed thawing methods use				4	18		shing facilities: installe		8 used: test st	rine	_	+
36			meters provided & accu				-	19		d contact surfaces cle		& useu, test st	пръ	+	+
			•	dentification		_			1.4011100		cal Facilities				
37	For	nd pr	operly labeled; original o				5	50	Hot & co	old water available; ad	equate pressi	ıre			Т
		ou pi		Food Contamination		_		51		ig installed; proper bad				1	T
38	Ins	ects		resent; no unauthorized persons			_	52		& waste water proper					T
39				food preparation, storage & display			-	53		cilities: properly const		ed, & cleaned			T
40			al cleanliness	, ., .,			5	54		e & refuse properly dis					T
41			cloths: properly used & :	stored			5	55		I facilities installed, ma					T
42			g fruits & vegetables				5	56		te ventilation & lighting					
De:	· · · · · ·		Name time \												_
rersor	in Char	ge (S	Signature)					$\overline{}$			Date:				
			,					L		V=0 1:0	. =				
ınspec	tor (Sign	atur	e)					<u>JF</u>	ollow-up:	YES NO (Circl	e one) Follo	ow-up Date:			