



EMAIL

NAME OF ESTABLISHMENT: Crawings Bakery & Cafe ADDRESS OR LOCATION: 1300 S. Second st CITY: MV

MEALS SERVED: 100 D 0 C 0 PURPOSE OF INSPECTION: Routine Preoperational Reinspection Illness Investigation Temporary Complaint

MEALS OBSERVED: 100 D 0 C 0 ESTABLISHMENT TYPE: small RISK CATEGORY: 3

DATE: 1/26/18 TIME IN: 2:45 ELAPSED TIME: 35 TOTAL POINTS: 8 RED POINTS: 0 REPEAT RED: 0 PHONE:

RED HIGH RISK FACTORS

High Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Circles indicate compliance status (IN, OUT, N/O, N/A) for each item. CDI = Corrected During Inspection R = Repeat Violation

#	Compliance Status	Description	CDI	R	PTS
Demonstration of Knowledge					
1	IN	PIC certified by accredited program, or compliance with Code, or correct answers	<input type="checkbox"/>	<input type="checkbox"/>	5
2	IN	Food Worker Cards current for all food workers; new food workers trained	<input type="checkbox"/>	<input type="checkbox"/>	5
Employee Health					
3	IN	Proper ill worker and conditional employee practices; no ill workers present; proper reporting of illness	<input type="checkbox"/>	<input type="checkbox"/>	25
Preventing Contamination by Hands					
4	IN	Hands washed as required	<input type="checkbox"/>	<input type="checkbox"/>	25
5	IN	Proper barriers used to prevent bare hand contact with ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>	25
6	IN	Adequate handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>	10
Approved Sources, Wholesome, Not Adulterated					
7	IN	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	15
8	IN	Water supply, ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	10
9	IN	Proper washing of fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	10
10	IN	Food in good condition, safe and unadulterated; approved additives	<input type="checkbox"/>	<input type="checkbox"/>	10
11	IN	Proper disposition of returned, previously served, unsafe, or contaminated food	<input type="checkbox"/>	<input type="checkbox"/>	10
12	IN	Proper shellstock ID; wild mushroom ID; parasite destruction procedures for fish	<input type="checkbox"/>	<input type="checkbox"/>	5
Protection from Cross Contamination					
13	IN	Food contact surfaces and utensils used for raw meat thoroughly cleaned and sanitized; no cross contamination	<input type="checkbox"/>	<input type="checkbox"/>	15
14	IN	Raw meats below or away from ready-to-eat food; species separated	<input type="checkbox"/>	<input type="checkbox"/>	5
15	IN	Proper handling of pooled eggs	<input type="checkbox"/>	<input type="checkbox"/>	5

#	Compliance Status	Description	CDI	R	PTS
Potentially Hazardous Food Time and Temperature					
16	IN	Proper cooling procedures	<input type="checkbox"/>	<input type="checkbox"/>	25
17	IN	Proper hot holding temperatures (5 pts if 130°F to 134°F)	<input type="checkbox"/>	<input type="checkbox"/>	25 (5)
18	IN	Proper cooking time and temperature; proper use of noncontinuous cooking	<input type="checkbox"/>	<input type="checkbox"/>	25
19	IN	No room temperature storage; proper use of time as a control	<input type="checkbox"/>	<input type="checkbox"/>	25
20	IN	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	15
21	IN	Proper cold holding temperatures (5 pts if 42°F to 45°F)	<input type="checkbox"/>	<input type="checkbox"/>	10 (5)
22	IN	Accurate thermometer provided and used to evaluate temperature of PHFs	<input type="checkbox"/>	<input type="checkbox"/>	5
Consumer Advisory					
23	IN	Proper Consumer Advisory posted for raw or undercooked foods <u>Yes menu</u>	<input type="checkbox"/>	<input type="checkbox"/>	5
Highly Susceptible Populations					
24	IN	Pasteurized foods used as required; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	10
Chemical					
25	IN	Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>	10
Conformance with Approved Procedures					
26	IN	Compliance with risk control plan, variance, plan of operation; valid permit; approved procedures for noncontinuous cooking	<input type="checkbox"/>	<input type="checkbox"/>	10
27	IN	Variance obtained for specialized processing methods (e.g., ROP)	<input type="checkbox"/>	<input type="checkbox"/>	10

Red Points: 0

BLUE LOW RISK FACTORS

Low Risk Factors are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods. Circled points indicate items not in compliance.

#	Compliance Status	Description	CDI	R	PTS
Food Temperature Control					
28	IN	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	5
29	IN	Adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	5
30	IN	Proper thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	3
Food Identification					
31	IN	Food properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	5
Protection from Contamination					
32	IN	Insects, rodents, animals not present; entrance controlled	<input type="checkbox"/>	<input type="checkbox"/>	5
33	IN	Potential food contamination prevented during delivery, preparation, storage, display	<input type="checkbox"/>	<input type="checkbox"/>	5
34	IN	Wiping cloths properly used, stored; proper sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	5
35	IN	Employee cleanliness and hygiene	<input type="checkbox"/>	<input type="checkbox"/>	3
36	IN	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	3
Proper Use of Utensils					
37	IN	In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	3
38	IN	Utensils, equipment, linens properly stored, used, handled	<input type="checkbox"/>	<input type="checkbox"/>	3
39	IN	Single-use and single-service articles properly stored, used	<input type="checkbox"/>	<input type="checkbox"/>	3

#	Compliance Status	Description	CDI	R	PTS
Utensils and Equipment					
40	IN	Food and nonfood surfaces properly used and constructed; cleanable	<input type="checkbox"/>	<input type="checkbox"/>	5
41	IN	Warewashing facilities properly installed, maintained, used; test strips available and used	<input type="checkbox"/>	<input type="checkbox"/>	5
42	IN	Food-contact surfaces maintained, cleaned, sanitized	<input type="checkbox"/>	<input type="checkbox"/>	5
43	IN	Nonfood-contact surfaces maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>	3
Physical Facilities					
44	IN	Plumbing properly sized, installed, and maintained; proper backflow devices, indirect drains; no cross-connections	<input type="checkbox"/>	<input type="checkbox"/>	5
45	IN	Sewage, wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	5
46	IN	Toilet facilities properly constructed, supplied, cleaned	<input type="checkbox"/>	<input type="checkbox"/>	3
47	IN	Garbage, refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	3
48	IN	Physical facilities properly installed, maintained, cleaned; unnecessary persons excluded from establishment	<input type="checkbox"/>	<input type="checkbox"/>	2
49	IN	Adequate ventilation, lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	2
50	IN	Posting of permit; mobile establishment name easily visible	<input type="checkbox"/>	<input type="checkbox"/>	2

Blue Points: 8

Use the following blank lines to write comments.

Person In Charge (Signature): [Signature]
 Regulatory Authority (Signature): [Signature]
 DOH 332-035A (Revised January 2015)

Person In Charge (Print Name): J. Kate Shadle Date: 1/26/18
 Regulatory Authority (Print Name): Jeanne King Follow-up Needed? Yes No

Food Establishment Inspection Report

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EMAIL

NAME OF ESTABLISHMENT

ADDRESS OR LOCATION

CITY

MEALS SERVED B L D C O
MEALS OBSERVED B L D C O

PURPOSE OF INSPECTION

Routine Preoperational Reinspection
 Illness Investigation Temporary Complaint
 Other:

ESTABLISHMENT TYPE

RISK CATEGORY

DATE *1/26/18* TIME IN *2:45 P* ELAPSED TIME *35* TOTAL POINTS *8* RED POINTS *0* REPEAT RED BLANK BOX PHONE

small

3

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames specified.	Points
<i>17</i>	<i>Soaps 150 - 155 +. Hpt holding must be 135°F or more. Good.</i>	
<i>21</i>	<i>Refrigerators are all 24°F. As should be. Good.</i>	
<i>33</i>	<i>Consumer Advisory is on menu. Good.</i>	
<i>42-43</i>	<i>Overall cleaning and sanitizing is in order.</i>	<i>8</i>

Comments

Person In Charge (Signature)

Regulatory Authority (Signature)

[Handwritten signature]

Person In Charge (Print Name)

Regulatory Authority (Print Name)

Kate Shadle
Jeanne King

Date

Follow-up Needed?

1/26/18

Yes

No