



EMAIL

NAME OF ESTABLISHMENT EDISON CAFE		ADDRESS OR LOCATION 5797 Main St			CITY EDISON	
MEALS SERVED B L D C O	PURPOSE OF INSPECTION <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Illness Investigation <input type="checkbox"/> Other:	<input type="checkbox"/> Preoperational <input type="checkbox"/> Temporary	<input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint	ESTABLISHMENT TYPE Small Food	RISK CATEGORY	
MEALS OBSERVED B L D C O	DATE 1/26/18	TIME IN 1:00pm	ELAPSED TIME 45	TOTAL POINTS 0	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.

#	Compliance Status	Description	CDI	R	PTS
Demonstration of Knowledge					
1	IN OUT	PIC certified by accredited program, or compliance with Code, or correct answers	<input type="checkbox"/>	<input type="checkbox"/>	5
2	IN OUT	Food Worker Cards current for all food workers; new food workers trained	<input type="checkbox"/>	<input type="checkbox"/>	5
Employee Health					
3	IN OUT	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 OUT N/O	Hands washed as required	<input type="checkbox"/>	<input type="checkbox"/>	25
5	IN OUT N/A N/O	Proper barriers used to prevent bare hand contact with ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>	25
6	IN OUT	Adequate handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>	10
Approved Source, Wholesome, Not Adulterated					
7	IN OUT	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	15
8	IN OUT	Water supply, ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	10
9	IN OUT N/A N/O	Proper washing of fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	10
10	IN OUT	Food in good condition, safe and unadulterated; approved additives	<input type="checkbox"/>	<input type="checkbox"/>	10
11	IN OUT	Proper disposition of returned, previously served, unsafe, or contaminated food	<input type="checkbox"/>	<input type="checkbox"/>	10
12	IN OUT N/A N/O	Proper shellstock ID; wild mushroom ID; parasite destruction procedures for fish	<input type="checkbox"/>	<input type="checkbox"/>	5
Protection from Cross Contamination					
13	IN OUT N/A N/O	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 OUT N/A N/O	Raw meats below or away from ready-to-eat food; species separated	<input type="checkbox"/>	<input type="checkbox"/>	5
15	IN OUT N/A N/O	Proper handling of pooled eggs	<input type="checkbox"/>	<input type="checkbox"/>	5
Potentially Hazardous Food Time and Temperature					
16	IN OUT N/A N/O	Proper cooling procedures	<input type="checkbox"/>	<input type="checkbox"/>	25
17	IN OUT N/A N/O	Proper hot holding temperatures (5 pts if 130°F to 134°F)	<input type="checkbox"/>	<input type="checkbox"/>	25 (5)
18	IN OUT N/A N/O	Proper cooking time and temperature; proper use of noncontinuous cooking	<input type="checkbox"/>	<input type="checkbox"/>	25
19	IN OUT N/A N/O	No room temperature storage; proper use of time as a control	<input type="checkbox"/>	<input type="checkbox"/>	25
20	IN OUT N/A N/O	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	15
21	IN OUT N/A	Proper cold holding temperatures (5 pts if 42°F to 45°F)	<input type="checkbox"/>	<input type="checkbox"/>	10 (5)
22	IN OUT N/A	Accurate thermometer provided and used to evaluate temperature of PHFs	<input type="checkbox"/>	<input type="checkbox"/>	5
Consumer Advisory					
23	IN OUT N/A	Proper Consumer Advisory posted for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	5
Highly Susceptible Populations					
24	IN OUT N/A	Pasteurized foods used as required; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	10
Chemical					
25	IN OUT	Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>	10
Conformance with Approved Procedures					
26	IN OUT	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 OUT N/A	Variance obtained for specialized processing methods (e.g., ROP)	<input type="checkbox"/>	<input type="checkbox"/>	10

Red Points

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.

#	Description	CDI	R	PTS
Food Temperature Control				
28	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	5
29	Adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	5
30	Proper thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	3
Food Identification				
31	Food properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	5
Protection from Contamination				
32	Insects, rodents, animals not present; entrance controlled	<input type="checkbox"/>	<input type="checkbox"/>	5
33	Potential food contamination prevented during delivery, preparation, storage, display	<input type="checkbox"/>	<input type="checkbox"/>	5
34	Wiping cloths properly used, stored; proper sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	3
35	Employee cleanliness and hygiene	<input type="checkbox"/>	<input type="checkbox"/>	3
36	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	3
Proper Use of Utensils				
37	In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	3
38	Utensils, equipment, linens properly stored, used, handled	<input type="checkbox"/>	<input type="checkbox"/>	3
39	Single-use and single-service articles properly stored, used	<input type="checkbox"/>	<input type="checkbox"/>	3
Utensils and Equipment				
40	Food and nonfood surfaces properly used and constructed; cleanable	<input type="checkbox"/>	<input type="checkbox"/>	5
41	Warewashing facilities properly installed, maintained, used; test strips available and used	<input type="checkbox"/>	<input type="checkbox"/>	5
42	Food-contact surfaces maintained, cleaned, sanitized	<input type="checkbox"/>	<input type="checkbox"/>	5
43	Nonfood-contact surfaces maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>	3
Physical Facilities				
44	Plumbing properly sized, installed, and maintained; proper backflow devices, indirect drains; no cross-connections	<input type="checkbox"/>	<input type="checkbox"/>	5
45	Sewage, wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	5
46	Toilet facilities properly constructed, supplied, cleaned	<input type="checkbox"/>	<input type="checkbox"/>	3
47	Garbage, refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	3
48	Physical facilities properly installed, maintained, cleaned; unnecessary persons excluded from establishment	<input type="checkbox"/>	<input type="checkbox"/>	2
49	Adequate ventilation, lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	2
50	Posting of permit, mobile establishment name easily visible	<input type="checkbox"/>	<input type="checkbox"/>	2

Blue Points

Use the following blank lines to write comments.

SEE PAGE 3

Person In Charge (Signature) 	Person In Charge (Print Name) David V. Ellison	Date 1/26/18
Regulatory Authority (Signature) 	Regulatory Authority (Print Name) Steve Zimmerman	Follow-up Needed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Food Establishment Inspection Report



FOR OFFICE USE ONLY

EMAIL

NAME OF ESTABLISHMENT: ELISON CAFE ADDRESS OR LOCATION: 5797 Main St CITY: ELISON

MEALS SERVED: B L D C O PURPOSE OF INSPECTION: Routine, Preoperational, Reinspection, Illness Investigation, Temporary, Complaint, Other ESTABLISHMENT TYPE: RISK CATEGORY:

DATE: 1/20/19 TIME IN: 1:30 pm ELAPSED TIME: 45 TOTAL POINTS: 0 RED POINTS: 0 REPEAT RED: 0 PHONE:

TEMPERATURE OBSERVATIONS					
Food	Location	Temp (°F)	Food	Location	Temp (°F)
Hot inventory	Deep Fry	33			
Sauce	Deep Fry	30			
Cheese	Deep Fry	41			
Hot Turkey	Boiler	40			

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames specified.	Points

Comments: NO Violations observed

Person In Charge (Signature): Person In Charge (Print Name): David V. Ellison Date: 1/26/19

Regulatory Authority (Signature): Regulatory Authority (Print Name): Follow-up Needed? Yes No (circled)