

Food Establishment Inspection Report

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FOR OFFICE USE ONLY



EMAIL

cheemamar12@yahoo.com

NAME OF ESTABLISHMENT

ADDRESS OR LOCATION

CITY

GCS 862

9572 Old Hwy 99 North

Burlington

MEALS SERVED B L D C O

PURPOSE OF

INSPECTION

☒ Routine☐ Illness Investigation☐ Preoperational☐ Reinspection

ESTABLISHMENT TYPE

RISK CATEGORY

MEALS OBSERVED B L D C O

INSPECTION

☐ Other:☐ Temporary☐ Complaint

Small Food 2

DATE

TIME IN

ELAPSED TIME

TOTAL POINTS

RED POINTS

REPEAT RED

PHONE

1/22/18

12:45

25

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/A) for each item.

IN = In Compliance

OUT = Not In Compliance

N/O = Not Observed

N/A = Not Applicable

CDI = Corrected During Inspection

R = Repeat Violation

Compliance Status 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
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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
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Highly Susceptible Populations

24	IN OUT N/A	Pasteurized foods used as required; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	10
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Chemical

25	IN OUT	Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>	10
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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.

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
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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"/>	5
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.

2: FWC not provided from state of Washington/SKagit County approved entity. Provide current approved card to StevenZ@Co.SKagit. WA. US within 7 days

Person In Charge (Signature)

Person In Charge (Print Name)

Date 1/22/18

Regulatory Authority (Signature)

Regulatory Authority (Print Name)

Follow-up Needed?

Yes No

Christian Aviles
Steve Zimmerman