

## Food Establishment Inspection Report

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FOR OFFICE USE ONLY



EMAIL

NAME OF ESTABLISHMENT <b>Jitterbug Espresso #1</b>		ADDRESS OR LOCATION <b>9400 Old Hwy 99 North</b>		CITY <b>Burlington</b>	
MEALS SERVED <b>B L D C O</b>	PURPOSE OF INSPECTION <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Preoperational <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint	ESTABLISHMENT TYPE <b>small food</b>		RISK CATEGORY	
MEALS OBSERVED <b>B L D C O</b>	DATE <b>2/5/18</b>	TIME IN <b>2:05</b>	ELAPSED TIME <b>35</b>	TOTAL POINTS <b>0</b>	RED POINTS <b>0</b>
		REPEAT RED <b>0</b>	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	IN = In Compliance	OUT = Not In Compliance	N/O = Not Observed	N/A = Not Applicable	CDI = Corrected During Inspection	R = Repeat Violation	PTS
<b>Demonstration of Knowledge</b>								
1	IN							5
PIC certified by accredited program, or compliance with Code, or correct answers								
2	IN							5
Food Worker Cards current for all food workers; new food workers trained								
<b>Employee Health</b>								
3	IN							25
Proper ill worker and conditional employee practices; no ill workers present; proper reporting of illness								
<b>Preventing Contamination by Hands</b>								
4	IN							25
Hands washed as required								
5	IN							25
Proper barriers used to prevent bare hand contact with ready-to-eat foods								
6	IN							10
Adequate handwashing facilities								
<b>Approved Source, Wholesome, Not Adulterated</b>								
7	IN							15
Food obtained from approved source								
8	IN							10
Water supply, ice from approved source								
9	IN							10
Proper washing of fruits and vegetables								
10	IN							10
Food in good condition, safe and unadulterated; approved additives								
11	IN							10
Proper disposition of returned, previously served, unsafe, or contaminated food								
12	IN							5
Proper shellstock ID; wild mushroom ID; parasite destruction procedures for fish								
<b>Protection from Cross Contamination</b>								
13	IN							15
Food contact surfaces and utensils used for raw meat thoroughly cleaned and sanitized; no cross contamination								
14	IN							5
Raw meats below or away from ready-to-eat food; species separated								
15	IN							5
Proper handling of pooled eggs								
<b>Potentially Hazardous Food Time and Temperature</b>								
16	IN							25
Proper cooling procedures								
17	IN							25 (5)
Proper hot holding temperatures (5 pts if 130°F to 134°F)								
18	IN							25
Proper cooking time and temperature; proper use of noncontinuous cooking								
19	IN							25
No room temperature storage; proper use of time as a control								
20	IN							15
Proper reheating procedures for hot holding								
21	IN							10 (5)
Proper cold holding temperatures (5 pts if 42°F to 45°F)								
22	IN							5
Accurate thermometer provided and used to evaluate temperature of PHFs								
<b>Consumer Advisory</b>								
23	IN							5
Proper Consumer Advisory posted for raw or undercooked foods								
<b>Highly Susceptible Populations</b>								
24	IN							10
Pasteurized foods used as required; prohibited foods not offered								
<b>Chemical</b>								
25	IN							10
Toxic substances properly identified, stored, used								
<b>Conformance with Approved Procedures</b>								
26	IN							10
Compliance with risk control plan, variance, plan of operation; valid permit; approved procedures for noncontinuous cooking								
27	IN							10
Variance obtained for specialized processing methods (e.g., ROP)								

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.

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

Blue Points

Use the following blank lines to write comments.

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Person In Charge (Signature) *Melissa Harris*Person In Charge (Print Name) *Melissa Harris*Date *2/5/18*Regulatory Authority (Signature) *Steve Zimmerman*Regulatory Authority (Print Name) *Steve Zimmerman*

Follow-up Needed?

Yes ☐ No ☒

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Washington State Department of Health

EMAIL

CITY

Burlington

RISK CATEGORY

☐ Other:

PHONE

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Food	Location	Temp (°F)	Food	Location	Temp (°F)
Ice cream	Ice cream machine	37			
Milk	Tail Reach in	37			
Cream cheese	Tail Reach in	39			
Breakfast Burrito	Tail Reach in	37			
Milk	short reach in	40			

[illegible][illegible]

Date 2/5/18

Follow-up Needed?

Yes

No