

* DO NOT place milk, eggs, other PHF in walk-in unbr/ holding ≤ 41°F.



FOR OFFICE USE ONLY

EMAIL

PHF in walk in unbr/ holding ≤ 41°F.

NAME OF ESTABLISHMENT Little Mountain Grocers		ADDRESS OR LOCATION 1725 E Blackburn			CITY Mount Vernon	
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"/> Reinspection	ESTABLISHMENT TYPE Pkged Food		RISK CATEGORY
MEALS OBSERVED B L D C O	DATE 3/12/18	TIME IN 1330	ELAPSED TIME 20	TOTAL POINTS 10	RED POINTS 10	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.

IN = In Compliance OUT = Not In Compliance N/O = Not Observed N/A = Not Applicable CDI = Corrected During Inspection R = Repeat Violation

#	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"/>	15
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 checked="" 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.

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

21. Walk-in refrigerator - milk 55°F. Air temp 52. Owner reports refrigerator found not working 3/11/18 evening. Reports repaired this AM. All potentially hazardous food disposed.

Person In Charge (Signature) <i>Manjinder Kaur</i>	Person In Charge (Print Name) MANJINDER K KAUR	Date 3/12/18
Regulatory Authority (Signature) <i>Polly Dubbel</i>	Regulatory Authority (Print Name) Polly Dubbel	Follow-up Needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No