



FOR OFFICE USE ONLY

EMAIL

NAME OF ESTABLISHMENT: Lucky Teriyaki ADDRESS OR LOCATION: 214 Ball street CITY: SW

MEALS SERVED: B O O C O PURPOSE OF INSPECTION:  Routine  Preoperational  Reinspection  Illness Investigation  Temporary  Complaint  Other: small ESTABLISHMENT TYPE: small RISK CATEGORY: 3

MEALS OBSERVED: B O D C O DATE: 2/26/18 TIME IN: 1:30P ELAPSED TIME: 35 TOTAL POINTS: 25 RED POINTS: 25 REPEAT RED:   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
<b>Demonstration of Knowledge</b>					
1	IN	PIC certified by accredited program, or compliance with Code, or correct answers	<input type="checkbox"/>	<input type="checkbox"/>	5
2	OUT	Food Worker Cards current for all food workers; new food workers trained	<input type="checkbox"/>	<input type="checkbox"/>	5
<b>Employee Health</b>					
3	OUT	Proper ill worker and conditional employee practices; no ill workers present; proper reporting of illness	<input type="checkbox"/>	<input type="checkbox"/>	25
<b>Preventing Contamination by Hands</b>					
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	OUT	Adequate handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>	10
<b>Approved Source, Wholesome, Not Adulterated</b>					
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
<b>Protection from Cross Contamination</b>					
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

**Potentially Hazardous Food Time and Temperature**

#	Compliance Status	Description	CDI	R	PTS
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) <u>yes 140°F</u>	<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**

#	Compliance Status	Description	CDI	R	PTS
23	IN	Proper Consumer Advisory posted for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	5

**Highly Susceptible Populations**

#	Compliance Status	Description	CDI	R	PTS
24	IN	Pasteurized foods used as required; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	10

**Chemical**

#	Compliance Status	Description	CDI	R	PTS
25	IN	Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>	10

**Conformance with Approved Procedures**

#	Compliance Status	Description	CDI	R	PTS
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 25

**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
<b>Food Temperature Control</b>				
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
<b>Food Identification</b>				
31	Food properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	5
<b>Protection from Contamination</b>				
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
<b>Proper Use of Utensils</b>				
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**

#	Description	CDI	R	PTS
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**

#	Description	CDI	R	PTS
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 2

Use the following blank lines to write comments.

(Need to receive operating permit)

Person In Charge (Signature): Nickie Pzy Person In Charge (Print Name): NAIZHONG CHEN Date: 2/26/18

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

DOH 332-035A (Revised January 2015)



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NAME OF ESTABLISHMENT

Lucky Teriyaki

ADDRESS OR LOCATION

214 Ball St

CITY

SW

MEALS SERVED

B  O  C  O

PURPOSE OF INSPECTION

Routine  Preoperational  Reinspection  
 Illness Investigation  Temporary  Complaint  
 Other:

ESTABLISHMENT TYPE

small

RISK CATEGORY

3

DATE

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TIME IN

1:30P

ELAPSED TIME

35

TOTAL POINTS

25

RED POINTS

25

REPEAT RED

PHONE

TEMPERATURE OBSERVATIONS

Food	Location	Temp (°F)	Food	Location	Temp (°F)
chicken (cooked)	hot held	140°F	raw chicken	slider	40°
rice	rice cooker	145°F	Kitchen refrigerator	(raw chicken)	41°

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames specified.	Points
16	<p>cooked beef and chicken each in metal hotel pans found on shelf "cooling". They were cooked 1/2 hour ago. These two pans were put into slider refrigerator to cool properly. The refrigerator was also slightly adjusted down to accommodate hot food. CDI = Corrected During Inspection</p> <p>Always put 2" deep uncovered pans into refrigerator to cool fast. Down to 10°F within 2 hours then to 41°F within 6 hours.</p>	25

Comments

Person in Charge (Signature) *Nancy Coy* Person in Charge (Print Name) *ALEX MONG, CRENG* Date *2/26/18*  
 Regulatory Authority (Signature) *Jane...* Regulatory Authority (Print Name) *Jane...* Follow-up Needed? Yes  No