Food Establishr	nent Inspection Report FOR OFFICE USE ONL		Page		of	_				de .	ashington St.	ate Department of		
	FOR OFFICE USE ONL	T									Чe	alth		
								EMAIL						
(M														
NAME OF ESTABLISHMENT ADDRESS OR LOCATION CITY														
Lalonner	Than Carden E Routine	ESTABLISHMENT TYPE , RISI	/ CATEC	DDV.										
MEALS SERVED B	□ Preope						int .			CATEGORY				
MEALS OBSERVED B L D C O INSPECTION ☐ Other:			INTS RED POINTS			REPEAT RED			SMAU			3		
6518 11:30a 35			5											
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	N/O = Not Observed N				# Compliance Status			CDI	R	PTS				
Demonstration of Kno	owledge PIC certified by accredited program, or			STUD!	U S	- 1			od Time and Temperature			25		
1 NOUT	compliance with Code, or correct answers			5		16	IN OUT N/A	<i>μ</i> Θ' Pr	roper cooling procedures			25		
2 IN OUT	Food Worker Cards current for all food workers; new food workers trained			5		17	IN OUT N/A N		roper hot holding temperatures topts if 130°F to 134°F)			25 (5)		
Employee Health Proper III worker and conditional		Execution 1	No.									(0)		
3 NOUT	employee practices; no ill workers			25		18/	IN OUT N/A N		roper cooking time and temperature; roper use of noncontinuous cooking			25		
Preventing Contamina	present; proper reporting of illness ation by Hands		CSVII.	Mary 1		19	NOUT N/A N	1/()	o room temperature storage; proper use of			25		
4 IN OUT NO	Hands washed as required			25			IN OUT N/A	LII	me as a control roper reheating procedures for hot holding			15		
5 (NOUT N/A N/O	Proper barriers used to prevent bare hand			25			IN OUT N/A	Pi	roper cold holding temperatures			10		
6 INJOUT	contact with ready-to-eat foods Adequate handwashing facilities			10			IN OUT N/A	A	pts if 42°F to 45°F) ccurate thermometer provided and used to	×		(5)		
	nolesome, Not Adulterated			10			sumer Advisor		valuate temperature of PHFs	ALL IN		400 MES		
7 (IN OUT	Food obtained from approved source			15		-	IN OUT (NIA)	P	roper Consumer Advisory posted for raw or			5		
8 IN OUT N/A(N/O	Water supply, ice from approved source Proper washing of fruits and vegetables	-		10			ly Susceptible		ndercooked foods Jations			\v.'\v.		
10 NOUT	Food in good condition, safe and			10			IN OUT (NA		asteurized foods used as required; prohibited			10		
	unadulterated; approved additives Proper disposition of returned, previously	NO.						fo	oods not offered			10		
11 NOUT	served, unsafe, or contaminated food			10			mical		Service Committee Committe	WHEN	DOM	9881119		
12 IN OUT N/A N/O	Proper shellstock ID; wild mushroom ID;			5		25	OUT OUT		oxic substances properly identified, stored, sed			10		
Protection from Cross	parasite destruction procedures for fish	S 40	21/3#		0	onf	formance with	Аррго	oved Procedures	SUITE ST		J. EST		
13 (IN OUT N/A N/O	Food contact surfaces and utensils used for raw meat thoroughly cleaned and			15	'nĪ,	267	IN∕OUT		compliance with risk control plan, variance, lan of operation; valid permit; approved			10		
13 (11) COT N/A N/C	sanitized; no cross contamination	-	Ľ	10		200	J. 501.	p	rocedures for noncontinuous cooking	20.00				
14 (N) OUT N/A N/O	Raw meats below or away from ready-to- eat food; species separated			5		27	IN OUT NA		ariance obtained for specialized processing nethods (e.g., ROP)			10		
15 OUT N/A N/O	Proper handling of pooled eggs			5						Red Po	oints	5		
NAME OF STATE OF THE PARTY OF T		addition	BL	UELLO	W RI	SK	FACTORS	phiects	into foods. Circled points indicate items not in com	nliance		5,0		
Food Temperature Co		CDI	R	PTS			sils and Equip	oment		CDI	R	PTS		
28 Food received at proper temperature				5		40	Food and nor cleanable	nfood s	surfaces properly used and constructed;			5		
29 Adequate equipm	nent for temperature control			5		41	Warewashing	facilit	ies properly installed, maintained, used; test			- 5		
29 Adequate equipment for temperature control 30 Proper thawing methods used				3	-	42		strips available and used Food-contact surfaces maintained, cleaned, sanitized				5		
Food Identification				O COL	1	43	Nonfood-contact surfaces maintained and clean				3			
31 Food properly labeled Protection from Contamination			IDANGS	5			Plumbing properly sized, installed, and maintained; proper		sized installed and maintained; proper	H DESC	70.00			
DESCRIPTION OF THE PROPERTY OF THE PERSON OF	animals not present; entrance controlled			5		44	backflow devi	ices, ir	ndirect drains; no cross-connections			5		
Potential food co	ntamination prevented during delivery,			5		45	Sewage, was	tewate	er properly disposed			5		
				5		46			erly constructed, supplied, cleaned	À0		3		
35 Employee cleanliness and hygiene				3		47	Garbage, refuse properly disposed; facilities maintained Physical facilities properly installed, maintained, cleaned;		7		3			
36 Proper eating, tasting, drinking, or tobacco use				3		48	unnecessary persons excluded from establishment				2			
Proper Use of Utensils 37 In-use utensils properly stored				3	1 1-	49 50	Adequate ventilation, lighting; designated areas used Posting of permit; mobile establishment name easily visible				2			
38 Utensils, equipment, linens properly stored, used, handled				3			1 County of pe		THE RESERVE TO SERVE THE RESERVE TO SERVE THE RESERVE	Blue P	-	1		
39 Single-use and single-service articles properly stored, used				3	ī			Use	e the following blank lines to write comments.	isinisa.	arada Ne			
on Single-use and s	mg.c der tide articles properly alored, deed			- 5										
									0 (
Person In Charge BUNYUEN UNRUAN (18														
(Signature)	(Print I	Vame)				1/		Date 9/5/18			-			
Regulatory Authority Lamie Follow-up Needed? Yes (No (Signature) Regulatory Authority Lame Follow-up Needed? Yes (No									10/					
DOH 332-035A (Revised	January 2015)				J)						

Food Establishment Ins	spection Report Pa	age of			Weshington State Department of
	FOR OFFICE USE ONLY				Weshington State Department of Health
	Hi Was		EMAIL		
NAME OF ESTABLISHMENT	ADDRESS OR LO	CATION	\	CITY 1	
La Conner Tha			Marris St	LC	
MEALS SERVED B (1 8) C O	PURPOSE OF INSPECTION Illness Investigation	□ Preoper		- Date of the second	SK CATEGORY
MEALS OBSERVED B LY D C O	Other: ELAPSED TIME TOTAL POINTS	RED POINTS	REPEAT RED	SMAU PHONE	3
6518 11:30a	35 5	5			
		Temp	OBSERVATIONS		Temp
SOUDS TO THE	Location Not pot	(°F)	Food	Location	(°F)
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ShrimP Uniden	top Line vetris.	141			
meats	reach in vetro	40		1966	
	3				
TO THE REAL PROPERTY.				But the state of t	Service Market Control
Item			CORRECTIVE ACTIONS cted within the time frames specif	miles in the second with the market had to be a first	Points
22 Refrigura	The park of the shakes	1)	Ac . II a	Accusate	5
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Comments	Annual processing the state of the state of	U ASHARSAN I	5 1 7/1 1 1 1 10 88 12	21 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	AWX OF THE STATE OF
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	and the lateral and the lateral and the			The committee of	
	ANNU ANNU ANNU ANNU ANNU ANNU ANNU ANNU			- Company	
Person in Charge Box)	Person In (Print Nan	Charge	UNYOFN ON	Date (15/18)	
Signature)	(Print Nan Regulator	ry Authority	1100 me	Date () 5 8	Yes (No)
tegulatory Authority Signature) OH 332-035B (Revised May 2013)	(Print Nan	ne) - KW	VIVE WIR	Tonow up Needed:	100