



FOR OFFICE USE ONLY

EMAIL

NAME OF ESTABLISHMENT LaComer Thai Garden		ADDRESS OR LOCATION 508 E. Morris St			CITY LC	
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"/> Temporary	<input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint	ESTABLISHMENT TYPE small		RISK CATEGORY 3
MEALS OBSERVED B L D C O	DATE 6/5/18	TIME IN 11:30a	ELAPSED TIME 35	TOTAL POINTS 5	RED POINTS 5	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
Demonstration of Knowledge					
1	IN	PIC certified by accredited program, or compliance with Code, or correct answers	<input type="checkbox"/>	<input type="checkbox"/>	5
2	IN	Food Worker Cards current for all food workers; new food workers trained	<input type="checkbox"/>	<input type="checkbox"/>	5
Employee Health					
3	IN	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	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	IN	Adequate handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>	10
Approved Source, Wholesome, Not Adulterated					
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
Protection from Cross Contamination					
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

#	Compliance Status	Description	CDI	R	PTS	
Potentially Hazardous Food Time and Temperature						
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)	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	5	
Consumer Advisory						
23	IN	Proper Consumer Advisory posted for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	5	
Highly Susceptible Populations						
24	IN	Pasteurized foods used as required; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	10	
Chemical						
25	IN	Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>	10	
Conformance with Approved Procedures						
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	5

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	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	5
29	IN	Adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	5
30	IN	Proper thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	3
Food Identification					
31	IN	Food properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	5
Protection from Contamination					
32	IN	Insects, rodents, animals not present; entrance controlled	<input type="checkbox"/>	<input type="checkbox"/>	5
33	IN	Potential food contamination prevented during delivery, preparation, storage, display	<input type="checkbox"/>	<input type="checkbox"/>	5
34	IN	Wiping cloths properly used, stored; proper sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	5
35	IN	Employee cleanliness and hygiene	<input type="checkbox"/>	<input type="checkbox"/>	3
36	IN	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	3
Proper Use of Utensils					
37	IN	In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	3
38	IN	Utensils, equipment, linens properly stored, used, handled	<input type="checkbox"/>	<input type="checkbox"/>	3
39	IN	Single-use and single-service articles properly stored, used	<input type="checkbox"/>	<input type="checkbox"/>	3

#	Compliance Status	Description	CDI	R	PTS	
Utensils and Equipment						
40	IN	Food and nonfood surfaces properly used and constructed; cleanable	<input type="checkbox"/>	<input type="checkbox"/>	5	
41	IN	Warewashing facilities properly installed, maintained, used; test strips available and used	<input type="checkbox"/>	<input type="checkbox"/>	5	
42	IN	Food-contact surfaces maintained, cleaned, sanitized	<input type="checkbox"/>	<input type="checkbox"/>	5	
43	IN	Nonfood-contact surfaces maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>	3	
Physical Facilities						
44	IN	Plumbing properly sized, installed, and maintained; proper backflow devices, indirect drains; no cross-connections	<input type="checkbox"/>	<input type="checkbox"/>	5	
45	IN	Sewage, wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	5	
46	IN	Toilet facilities properly constructed, supplied, cleaned	<input type="checkbox"/>	<input type="checkbox"/>	3	
47	IN	Garbage, refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	3	
48	IN	Physical facilities properly installed, maintained, cleaned; unnecessary persons excluded from establishment	<input type="checkbox"/>	<input type="checkbox"/>	2	
49	IN	Adequate ventilation, lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	2	
50	IN	Posting of permit; mobile establishment name easily visible	<input type="checkbox"/>	<input type="checkbox"/>	2	
					Blue Points	0

Use the following blank lines to write comments.

Person In Charge (Signature) Buy	Person In Charge (Print Name) BUNYUEN UNRUAN	Date 6/5/18
Regulatory Authority (Signature) Jeanne King	Regulatory Authority (Print Name) Jeanne King	Follow-up Needed? Yes <input checked="" type="radio"/> No



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NAME OF ESTABLISHMENT Lalouner Thai Garden		ADDRESS OR LOCATION 508 E. Morris St			CITY LC		
MEALS SERVED B <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/>	PURPOSE OF INSPECTION <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Illness Investigation <input type="checkbox"/> Other:	<input type="checkbox"/> Preoperational	<input type="checkbox"/> Temporary	<input type="checkbox"/> Reinspection	<input type="checkbox"/> Complaint	ESTABLISHMENT TYPE small	RISK CATEGORY 3
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TEMPERATURE OBSERVATIONS

Food	Location	Temp (°F)	Food	Location	Temp (°F)
soups	hot pot	160+			
vegies	reach-in refri	41			
shrimp, chicken	top bins refri	41			
meats	reach-in refri	40			

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames specified.	Points
22	Refrigerator missing thermometer. Use accurate thermometers in all refrigerators. Corrected during inspection. An accurate thermometer was placed in refrigerator.	5

Comments

Person In Charge (Signature) <i>[Signature]</i>	Person In Charge (Print Name) BUNYUEN WAN	Date 6/5/18	Follow-up Needed?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Regulatory Authority (Signature) <i>[Signature]</i>	Regulatory Authority (Print Name) Jeanne King			