



FI-3374

Date: 10/09/2023	Time in: 07:46	License/Permit # 0	Est. Type SD	Risk Category SD	Page <u>1</u> of <u>2</u>																																																																																																																																																																																																																		
Purpose of Inspection: <input checked="" type="checkbox"/> 1-Routine <input type="checkbox"/> 2-Follow Up <input type="checkbox"/> 3-Complaint <input type="checkbox"/> 4-Investigation <input type="checkbox"/> 5-CO/Construction <input type="checkbox"/> 6-Other		TOTAL/SCORE		98																																																																																																																																																																																																																			
Establishment Name: CVS		Contact/Owner Name: Misty Gunter				Number of Repeat Violations: <u>0</u> Number of Violations COS: <u>0</u>																																																																																																																																																																																																																	
Physical Address: 11101 US-380		Pest control : NA				Grease trap : NA																																																																																																																																																																																																																	
Follow-up: No																																																																																																																																																																																																																							
<p>Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation W= Watch Mark the appropriate points in the OUT box for each numbered item Mark '✓' a checkmark in appropriate box for IN, NO, NA, COS Mark an <input checked="" type="checkbox"/> in appropriate box for R</p>																																																																																																																																																																																																																							
Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days																																																																																																																																																																																																																							
<table border="1"> <thead> <tr> <th colspan="5">Compliance Status</th> <th rowspan="2">R</th> </tr> <tr> <th>O</th> <th>I</th> <th>N</th> <th>N</th> <th>C</th> </tr> <tr> <th>U</th> <th>T</th> <th>O</th> <th>A</th> <th>O</th> </tr> <tr> <th>T</th> <th></th> <th></th> <th></th> <th>S</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;">Time and Temperature for Food Safety (F = degrees Fahrenheit)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td>1. Proper cooling time and temperature</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>2. Proper Cold Holding temperature(41°F/ 45°F)</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td>3. Proper Hot Holding temperature(135°F)</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td>4. Proper cooking time and temperature</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td>5. Proper reheating procedure for hot holding (165°F in 2 Hours)</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>6. Time as a Public Health Control; procedures & records</td> </tr> <tr> <td colspan="5" style="text-align: center;">Approved Source</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>8. Food Received at proper temperature</td> </tr> <tr> <td colspan="5" style="text-align: center;">Protection from Contamination</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>9. Food Separated & protected, prevented during food preparation, storage, display, and tasting</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>10. Food contact surfaces and Returnables : Cleaned and Sanitized at (see below) ppm/temperature</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>11. Proper disposition of returned, previously served or reconditioned</td> </tr> </tbody> </table>			Compliance Status					R	O	I	N	N	C	U	T	O	A	O	T				S	Time and Temperature for Food Safety (F = degrees Fahrenheit)									<input checked="" type="checkbox"/>		1. Proper cooling time and temperature	<input checked="" type="checkbox"/>					2. Proper Cold Holding temperature(41°F/ 45°F)				<input checked="" type="checkbox"/>		3. Proper Hot Holding temperature(135°F)				<input checked="" type="checkbox"/>		4. Proper cooking time and temperature				<input checked="" type="checkbox"/>		5. Proper reheating procedure for hot holding (165°F in 2 Hours)	<input checked="" type="checkbox"/>					6. Time as a Public Health Control; procedures & records	Approved Source						<input checked="" type="checkbox"/>					7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction	<input checked="" type="checkbox"/>					8. Food Received at proper temperature	Protection from Contamination						<input checked="" type="checkbox"/>					9. Food Separated & protected, prevented during food preparation, storage, display, and tasting	<input checked="" type="checkbox"/>					10. Food contact surfaces and Returnables : Cleaned and Sanitized at (see below) ppm/temperature	<input checked="" type="checkbox"/>					11. Proper disposition of returned, previously served or reconditioned	<table border="1"> <thead> <tr> <th colspan="5">Compliance Status</th> <th rowspan="2">R</th> </tr> <tr> <th>O</th> <th>I</th> <th>N</th> <th>N</th> <th>C</th> </tr> <tr> <th>U</th> <th>T</th> <th>O</th> <th>A</th> <th>O</th> </tr> <tr> <th>T</th> <td></td> <td></td> <td></td> <td></td> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;">Employee Health</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth</td> </tr> <tr> <td colspan="5" style="text-align: center;">Preventing Contamination by Hands</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>14. Hands cleaned and properly washed/ Gloves used properly</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>15. No bare hand contact with ready to eat foods or approved alternate method properly followed</td> </tr> <tr> <td colspan="5" style="text-align: center;">Highly Susceptible Populations</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required</td> </tr> <tr> <td colspan="5" style="text-align: center;">Chemicals</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>17. Food additives; approved and properly stored; Washing Fruits & Vegetables</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>18. Toxic substances properly identified, stored and used</td> </tr> <tr> <td colspan="5" style="text-align: center;">Water/ Plumbing</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>19. Water from approved source; Plumbing installed; proper backflow device</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>20. Approved Sewage/Wastewater Disposal System, proper disposal</td> </tr> </tbody> </table>			Compliance Status					R	O	I	N	N	C	U	T	O	A	O	T					Employee Health						<input checked="" type="checkbox"/>					12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	<input checked="" type="checkbox"/>					13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	Preventing Contamination by Hands						<input checked="" type="checkbox"/>					14. Hands cleaned and properly washed/ Gloves used properly	<input checked="" type="checkbox"/>					15. No bare hand contact with ready to eat foods or approved alternate method properly followed	Highly Susceptible Populations						<input checked="" type="checkbox"/>					16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	Chemicals						<input checked="" type="checkbox"/>					17. Food additives; approved and properly stored; Washing Fruits & Vegetables	<input checked="" type="checkbox"/>					18. Toxic substances properly identified, stored and used	Water/ Plumbing						<input checked="" type="checkbox"/>					19. Water from approved source; Plumbing installed; proper backflow device	<input checked="" type="checkbox"/>					20. Approved Sewage/Wastewater Disposal System, proper disposal
Compliance Status					R																																																																																																																																																																																																																		
O	I	N	N	C																																																																																																																																																																																																																			
U	T	O	A	O																																																																																																																																																																																																																			
T				S																																																																																																																																																																																																																			
Time and Temperature for Food Safety (F = degrees Fahrenheit)																																																																																																																																																																																																																							
			<input checked="" type="checkbox"/>		1. Proper cooling time and temperature																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					2. Proper Cold Holding temperature(41°F/ 45°F)																																																																																																																																																																																																																		
			<input checked="" type="checkbox"/>		3. Proper Hot Holding temperature(135°F)																																																																																																																																																																																																																		
			<input checked="" type="checkbox"/>		4. Proper cooking time and temperature																																																																																																																																																																																																																		
			<input checked="" type="checkbox"/>		5. Proper reheating procedure for hot holding (165°F in 2 Hours)																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					6. Time as a Public Health Control; procedures & records																																																																																																																																																																																																																		
Approved Source																																																																																																																																																																																																																							
<input checked="" type="checkbox"/>					7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					8. Food Received at proper temperature																																																																																																																																																																																																																		
Protection from Contamination																																																																																																																																																																																																																							
<input checked="" type="checkbox"/>					9. Food Separated & protected, prevented during food preparation, storage, display, and tasting																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					10. Food contact surfaces and Returnables : Cleaned and Sanitized at (see below) ppm/temperature																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					11. Proper disposition of returned, previously served or reconditioned																																																																																																																																																																																																																		
Compliance Status					R																																																																																																																																																																																																																		
O	I	N	N	C																																																																																																																																																																																																																			
U	T	O	A	O																																																																																																																																																																																																																			
T																																																																																																																																																																																																																							
Employee Health																																																																																																																																																																																																																							
<input checked="" type="checkbox"/>					12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth																																																																																																																																																																																																																		
Preventing Contamination by Hands																																																																																																																																																																																																																							
<input checked="" type="checkbox"/>					14. Hands cleaned and properly washed/ Gloves used properly																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					15. No bare hand contact with ready to eat foods or approved alternate method properly followed																																																																																																																																																																																																																		
Highly Susceptible Populations																																																																																																																																																																																																																							
<input checked="" type="checkbox"/>					16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required																																																																																																																																																																																																																		
Chemicals																																																																																																																																																																																																																							
<input checked="" type="checkbox"/>					17. Food additives; approved and properly stored; Washing Fruits & Vegetables																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					18. Toxic substances properly identified, stored and used																																																																																																																																																																																																																		
Water/ Plumbing																																																																																																																																																																																																																							
<input checked="" type="checkbox"/>					19. Water from approved source; Plumbing installed; proper backflow device																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					20. Approved Sewage/Wastewater Disposal System, proper disposal																																																																																																																																																																																																																		
Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days																																																																																																																																																																																																																							
<table border="1"> <thead> <tr> <th colspan="5">Compliance Status</th> <th rowspan="2">R</th> </tr> <tr> <th>O</th> <th>I</th> <th>N</th> <th>N</th> <th>C</th> </tr> <tr> <th>U</th> <th>T</th> <th>O</th> <th>A</th> <th>O</th> </tr> <tr> <th>T</th> <td></td> <td></td> <td></td> <td></td> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;">Demonstration of Knowledge/ Personnel</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td>21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td>22. Food Handler/ no unauthorized persons/ personnel</td> </tr> <tr> <td colspan="5" style="text-align: center;">Safe Water, Recordkeeping and Food Package Labeling</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>23. Hot and Cold Water available; adequate pressure, safe</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled</td> </tr> <tr> <td colspan="5" style="text-align: center;">Conformance with Approved Procedures</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions</td> </tr> <tr> <td colspan="5" style="text-align: center;">Consumer Advisory</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label</td> </tr> </tbody> </table>			Compliance Status					R	O	I	N	N	C	U	T	O	A	O	T					Demonstration of Knowledge/ Personnel									<input checked="" type="checkbox"/>		21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)				<input checked="" type="checkbox"/>		22. Food Handler/ no unauthorized persons/ personnel	Safe Water, Recordkeeping and Food Package Labeling						<input checked="" type="checkbox"/>					23. Hot and Cold Water available; adequate pressure, safe	<input checked="" type="checkbox"/>					24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled	Conformance with Approved Procedures						<input checked="" type="checkbox"/>					25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions	Consumer Advisory						<input checked="" type="checkbox"/>					26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label	<table border="1"> <thead> <tr> <th colspan="5">Compliance Status</th> <th rowspan="2">R</th> </tr> <tr> <th>O</th> <th>I</th> <th>N</th> <th>N</th> <th>C</th> </tr> <tr> <th>U</th> <th>T</th> <th>O</th> <th>A</th> <th>O</th> </tr> <tr> <th>T</th> <td></td> <td></td> <td></td> <td></td> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;">Food Temperature Control/ Identification</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>28. Proper Date Marking and disposition</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips</td> </tr> <tr> <td colspan="5" style="text-align: center;">Permit Requirement, Prerequisite for Operation</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>30. Food Establishment Permit (Current and Valid)</td> </tr> <tr> <td colspan="5" style="text-align: center;">Utensils, Equipment, and Vending</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>31. Adequate handwashing facilities: Accessible and properly supplied, used</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided</td> </tr> </tbody> </table>			Compliance Status					R	O	I	N	N	C	U	T	O	A	O	T					Food Temperature Control/ Identification						<input checked="" type="checkbox"/>					27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	<input checked="" type="checkbox"/>					28. Proper Date Marking and disposition	<input checked="" type="checkbox"/>					29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	Permit Requirement, Prerequisite for Operation						<input checked="" type="checkbox"/>					30. Food Establishment Permit (Current and Valid)	Utensils, Equipment, and Vending						<input checked="" type="checkbox"/>					31. Adequate handwashing facilities: Accessible and properly supplied, used	<input checked="" type="checkbox"/>					32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used	<input checked="" type="checkbox"/>					33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided																																																
Compliance Status					R																																																																																																																																																																																																																		
O	I	N	N	C																																																																																																																																																																																																																			
U	T	O	A	O																																																																																																																																																																																																																			
T																																																																																																																																																																																																																							
Demonstration of Knowledge/ Personnel																																																																																																																																																																																																																							
			<input checked="" type="checkbox"/>		21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)																																																																																																																																																																																																																		
			<input checked="" type="checkbox"/>		22. Food Handler/ no unauthorized persons/ personnel																																																																																																																																																																																																																		
Safe Water, Recordkeeping and Food Package Labeling																																																																																																																																																																																																																							
<input checked="" type="checkbox"/>					23. Hot and Cold Water available; adequate pressure, safe																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled																																																																																																																																																																																																																		
Conformance with Approved Procedures																																																																																																																																																																																																																							
<input checked="" type="checkbox"/>					25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions																																																																																																																																																																																																																		
Consumer Advisory																																																																																																																																																																																																																							
<input checked="" type="checkbox"/>					26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label																																																																																																																																																																																																																		
Compliance Status					R																																																																																																																																																																																																																		
O	I	N	N	C																																																																																																																																																																																																																			
U	T	O	A	O																																																																																																																																																																																																																			
T																																																																																																																																																																																																																							
Food Temperature Control/ Identification																																																																																																																																																																																																																							
<input checked="" type="checkbox"/>					27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					28. Proper Date Marking and disposition																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips																																																																																																																																																																																																																		
Permit Requirement, Prerequisite for Operation																																																																																																																																																																																																																							
<input checked="" type="checkbox"/>					30. Food Establishment Permit (Current and Valid)																																																																																																																																																																																																																		
Utensils, Equipment, and Vending																																																																																																																																																																																																																							
<input checked="" type="checkbox"/>					31. Adequate handwashing facilities: Accessible and properly supplied, used																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided																																																																																																																																																																																																																		
Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First																																																																																																																																																																																																																							
<table border="1"> <thead> <tr> <th colspan="5">Compliance Status</th> <th rowspan="2">R</th> </tr> <tr> <th>O</th> <th>I</th> <th>N</th> <th>N</th> <th>C</th> </tr> <tr> <th>U</th> <th>T</th> <th>O</th> <th>A</th> <th>O</th> </tr> <tr> <th>T</th> <td></td> <td></td> <td></td> <td></td> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;">Prevention of Food Contamination</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>34. No Evidence of Insect contamination, rodent/other animals</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>35. Personal Cleanliness/eating, drinking or tobacco use</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>36. Wiping Cloths; properly used and stored</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>37. Environmental contamination</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>38. Approved thawing method</td> </tr> <tr> <td colspan="5" style="text-align: center;">Proper Use of Utensils</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>40. Single-service & single-use articles; properly stored and used</td> </tr> </tbody> </table>			Compliance Status					R	O	I	N	N	C	U	T	O	A	O	T					Prevention of Food Contamination						<input checked="" type="checkbox"/>					34. No Evidence of Insect contamination, rodent/other animals	<input checked="" type="checkbox"/>					35. Personal Cleanliness/eating, drinking or tobacco use	<input checked="" type="checkbox"/>					36. Wiping Cloths; properly used and stored	<input checked="" type="checkbox"/>					37. Environmental contamination	<input checked="" type="checkbox"/>					38. Approved thawing method	Proper Use of Utensils						<input checked="" type="checkbox"/>					39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used	<input checked="" type="checkbox"/>					40. Single-service & single-use articles; properly stored and used	<table border="1"> <thead> <tr> <th colspan="5">Compliance Status</th> <th rowspan="2">R</th> </tr> <tr> <th>O</th> <th>I</th> <th>N</th> <th>N</th> <th>C</th> </tr> <tr> <th>U</th> <th>T</th> <th>O</th> <th>A</th> <th>O</th> </tr> <tr> <th>T</th> <td></td> <td></td> <td></td> <td></td> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;">Food Identification</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>41. Original container labeling (Bulk Food)</td> </tr> <tr> <td colspan="5" style="text-align: center;">Physical Facilities</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>42. Non-Food Contact surfaces clean</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>43. Adequate ventilation and lighting; designated areas used</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>44. Garbage and Refuse properly disposed; facilities maintained</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>45. Physical facilities installed, maintained, and clean</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>46. Toilet Facilities; properly constructed, supplied, and clean</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>47. Other Violations</td> </tr> </tbody> </table>			Compliance Status					R	O	I	N	N	C	U	T	O	A	O	T					Food Identification						<input checked="" type="checkbox"/>					41. Original container labeling (Bulk Food)	Physical Facilities						<input checked="" type="checkbox"/>					42. Non-Food Contact surfaces clean	<input checked="" type="checkbox"/>					43. Adequate ventilation and lighting; designated areas used	<input checked="" type="checkbox"/>					44. Garbage and Refuse properly disposed; facilities maintained	<input checked="" type="checkbox"/>					45. Physical facilities installed, maintained, and clean	<input checked="" type="checkbox"/>					46. Toilet Facilities; properly constructed, supplied, and clean	<input checked="" type="checkbox"/>					47. Other Violations																																																												
Compliance Status					R																																																																																																																																																																																																																		
O	I	N	N	C																																																																																																																																																																																																																			
U	T	O	A	O																																																																																																																																																																																																																			
T																																																																																																																																																																																																																							
Prevention of Food Contamination																																																																																																																																																																																																																							
<input checked="" type="checkbox"/>					34. No Evidence of Insect contamination, rodent/other animals																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					35. Personal Cleanliness/eating, drinking or tobacco use																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					36. Wiping Cloths; properly used and stored																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					37. Environmental contamination																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					38. Approved thawing method																																																																																																																																																																																																																		
Proper Use of Utensils																																																																																																																																																																																																																							
<input checked="" type="checkbox"/>					39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					40. Single-service & single-use articles; properly stored and used																																																																																																																																																																																																																		
Compliance Status					R																																																																																																																																																																																																																		
O	I	N	N	C																																																																																																																																																																																																																			
U	T	O	A	O																																																																																																																																																																																																																			
T																																																																																																																																																																																																																							
Food Identification																																																																																																																																																																																																																							
<input checked="" type="checkbox"/>					41. Original container labeling (Bulk Food)																																																																																																																																																																																																																		
Physical Facilities																																																																																																																																																																																																																							
<input checked="" type="checkbox"/>					42. Non-Food Contact surfaces clean																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					43. Adequate ventilation and lighting; designated areas used																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					44. Garbage and Refuse properly disposed; facilities maintained																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					45. Physical facilities installed, maintained, and clean																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					46. Toilet Facilities; properly constructed, supplied, and clean																																																																																																																																																																																																																		
<input checked="" type="checkbox"/>					47. Other Violations																																																																																																																																																																																																																		

