



FI-4010

Date: 03/09/2024	Time in: 08:46	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		91																																																																																																																																																																																																																			
Establishment Name: Taco Bell		Contact/Owner Name: Martha white				Number of Repeat Violations: <u>0</u> Number of Violations COS: <u>0</u>																																																																																																																																																																																																																	
Physical Address: 14000 US-380		Pest control : Records not observed				Grease trap : Records not observed																																																																																																																																																																																																																	
Follow-up: No																																																																																																																																																																																																																							
<p><b>Compliance Status:</b> 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>																																																																																																																																																																																																																							
<b>Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days</b>																																																																																																																																																																																																																							
<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>N</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;"><b>Time and Temperature for Food Safety</b> (F = degrees Fahrenheit)</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>1. Proper cooling time and temperature</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>2. Proper Cold Holding temperature(41°F/ 45°F)</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>3. Proper Hot Holding temperature(135°F)</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>4. Proper cooking time and temperature</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>5. Proper reheating procedure for hot holding (165°F in 2 Hours)</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>6. Time as a Public Health Control; procedures &amp; records</td> </tr> <tr> <td colspan="5" style="text-align: center;"><b>Approved Source</b></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></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></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>8. Food Received at proper temperature</td> </tr> <tr> <td colspan="5" style="text-align: center;"><b>Protection from Contamination</b></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>9. Food Separated &amp; protected, prevented during food preparation, storage, display, and tasting</td> </tr> <tr> <td><b>3</b></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></td> <td></td> <td><input checked="" type="checkbox"/></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	N	O	A	O	T				S	<b>Time and Temperature for Food Safety</b> (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	<b>Approved Source</b>							<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	<b>Protection from Contamination</b>							<input checked="" type="checkbox"/>				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting	<b>3</b>					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>N</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;"><b>Employee Health</b></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></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;"><b>Preventing Contamination by Hands</b></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>14. Hands cleaned and properly washed/ Gloves used properly</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></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;"><b>Highly Susceptible Populations</b></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></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;"><b>Chemicals</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td>17. Food additives; approved and properly stored; Washing Fruits &amp; Vegetables</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></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;"><b>Water/ Plumbing</b></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>19. Water from approved source; Plumbing installed; proper backflow device</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></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	N	O	A	O	T				S	<b>Employee Health</b>							<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	<b>Preventing Contamination by Hands</b>							<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	<b>Highly Susceptible Populations</b>							<input checked="" type="checkbox"/>				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	<b>Chemicals</b>									<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	<b>Water/ Plumbing</b>							<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	N	O	A	O																																																																																																																																																																																																																			
T				S																																																																																																																																																																																																																			
<b>Time and Temperature for Food Safety</b> (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																																																																																																																																																																																																																		
<b>Approved Source</b>																																																																																																																																																																																																																							
	<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																																																																																																																																																																																																																		
<b>Protection from Contamination</b>																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				9. Food Separated & protected, prevented during food preparation, storage, display, and tasting																																																																																																																																																																																																																		
<b>3</b>					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	N	O	A	O																																																																																																																																																																																																																			
T				S																																																																																																																																																																																																																			
<b>Employee Health</b>																																																																																																																																																																																																																							
	<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																																																																																																																																																																																																																		
<b>Preventing Contamination by Hands</b>																																																																																																																																																																																																																							
	<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																																																																																																																																																																																																																		
<b>Highly Susceptible Populations</b>																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required																																																																																																																																																																																																																		
<b>Chemicals</b>																																																																																																																																																																																																																							
			<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																																																																																																																																																																																																																		
<b>Water/ Plumbing</b>																																																																																																																																																																																																																							
	<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																																																																																																																																																																																																																		
<b>Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days</b>																																																																																																																																																																																																																							
<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>N</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;"><b>Demonstration of Knowledge/ Personnel</b></td> <td></td> </tr> <tr> <td><b>2</b></td> <td></td> <td></td> <td></td> <td></td> <td>21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)</td> </tr> <tr> <td><b>2</b></td> <td></td> <td></td> <td></td> <td></td> <td>22. Food Handler/ no unauthorized persons/ personnel</td> </tr> <tr> <td colspan="5" style="text-align: center;"><b>Safe Water, Recordkeeping and Food Package Labeling</b></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>23. Hot and Cold Water available; adequate pressure, safe</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></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;"><b>Conformance with Approved Procedures</b></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></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;"><b>Consumer Advisory</b></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></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	N	O	A	O	T				S	<b>Demonstration of Knowledge/ Personnel</b>						<b>2</b>					21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)	<b>2</b>					22. Food Handler/ no unauthorized persons/ personnel	<b>Safe Water, Recordkeeping and Food Package Labeling</b>							<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	<b>Conformance with Approved Procedures</b>							<input checked="" type="checkbox"/>				25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions	<b>Consumer Advisory</b>							<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>N</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;"><b>Food Temperature Control/ Identification</b></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>28. Proper Date Marking and disposition</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></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;"><b>Permit Requirement, Prerequisite for Operation</b></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></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;"><b>Utensils, Equipment, and Vending</b></td> <td></td> </tr> <tr> <td></td> <td><b>2</b></td> <td></td> <td></td> <td></td> <td>31. Adequate handwashing facilities: Accessible and properly supplied, used</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></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></td> <td><input checked="" type="checkbox"/></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	N	O	A	O	T				S	<b>Food Temperature Control/ Identification</b>							<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	<b>Permit Requirement, Prerequisite for Operation</b>							<input checked="" type="checkbox"/>				30. Food Establishment Permit (Current and Valid)	<b>Utensils, Equipment, and Vending</b>							<b>2</b>				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	N	O	A	O																																																																																																																																																																																																																			
T				S																																																																																																																																																																																																																			
<b>Demonstration of Knowledge/ Personnel</b>																																																																																																																																																																																																																							
<b>2</b>					21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)																																																																																																																																																																																																																		
<b>2</b>					22. Food Handler/ no unauthorized persons/ personnel																																																																																																																																																																																																																		
<b>Safe Water, Recordkeeping and Food Package Labeling</b>																																																																																																																																																																																																																							
	<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																																																																																																																																																																																																																		
<b>Conformance with Approved Procedures</b>																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions																																																																																																																																																																																																																		
<b>Consumer Advisory</b>																																																																																																																																																																																																																							
	<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	N	O	A	O																																																																																																																																																																																																																			
T				S																																																																																																																																																																																																																			
<b>Food Temperature Control/ Identification</b>																																																																																																																																																																																																																							
	<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																																																																																																																																																																																																																		
<b>Permit Requirement, Prerequisite for Operation</b>																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				30. Food Establishment Permit (Current and Valid)																																																																																																																																																																																																																		
<b>Utensils, Equipment, and Vending</b>																																																																																																																																																																																																																							
	<b>2</b>				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																																																																																																																																																																																																																		
<b>Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection , Whichever Comes First</b>																																																																																																																																																																																																																							
<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>N</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;"><b>Prevention of Food Contamination</b></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>34. No Evidence of Insect contamination, rodent/other animals</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>35. Personal Cleanliness/eating, drinking or tobacco use</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>36. Wiping Cloths; properly used and stored</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>37. Environmental contamination</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>38. Approved thawing method</td> </tr> <tr> <td colspan="5" style="text-align: center;"><b>Proper Use of Utensils</b></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>39. Utensils, equipment, &amp; linens; properly used, stored, dried, &amp; handled/ In use utensils; properly used</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>40. Single-service &amp; single-use articles; properly stored and used</td> </tr> </tbody> </table>			Compliance Status					R	O	I	N	N	C	U	N	O	A	O	T				S	<b>Prevention of Food Contamination</b>							<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	<b>Proper Use of Utensils</b>							<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>N</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;"><b>Food Identification</b></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>41. Original container labeling (Bulk Food)</td> </tr> <tr> <td colspan="5" style="text-align: center;"><b>Physical Facilities</b></td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>42. Non-Food Contact surfaces clean</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>43. Adequate ventilation and lighting; designated areas used</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>44. Garbage and Refuse properly disposed; facilities maintained</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>45. Physical facilities installed, maintained, and clean</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>46. Toilet Facilities; properly constructed, supplied, and clean</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td>47. Other Violations</td> </tr> </tbody> </table>			Compliance Status					R	O	I	N	N	C	U	N	O	A	O	T				S	<b>Food Identification</b>							<input checked="" type="checkbox"/>				41. Original container labeling (Bulk Food)	<b>Physical Facilities</b>							<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	N	O	A	O																																																																																																																																																																																																																			
T				S																																																																																																																																																																																																																			
<b>Prevention of Food Contamination</b>																																																																																																																																																																																																																							
	<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																																																																																																																																																																																																																		
<b>Proper Use of Utensils</b>																																																																																																																																																																																																																							
	<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	N	O	A	O																																																																																																																																																																																																																			
T				S																																																																																																																																																																																																																			
<b>Food Identification</b>																																																																																																																																																																																																																							
	<input checked="" type="checkbox"/>				41. Original container labeling (Bulk Food)																																																																																																																																																																																																																		
<b>Physical Facilities</b>																																																																																																																																																																																																																							
	<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																																																																																																																																																																																																																		

