



FI-4055

| Date:<br>03/16/2024   | Time in:<br>07:12 | License/Permit #<br>0                 | Est. Type<br>SD                     | Risk Category<br>SD | Page <u>1</u> of <u>2</u>  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |  |  |  |  |  |                                     |  |  |                                     |  |  |                                     |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |                                     |  |   |                                     |  |                                     |  |  |   |   |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |  |   |  |  |                   |  |  |  |  |   |                   |   |   |                                     |   |   |   |   |   |                                     |   |   |   |   |  |                            |   |                                     |  |  |  |   |  |  |                   |  |   |                                     |  |   |   |   |  |                                     |   |   |   |   |   |                                     |   |  |  |  |  |   |  |  |  |  |   |                                     |  |  |                                     |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |  |  |  |                                     |  |  |  |  |  |                                       |  |  |  |  |  |                                     |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                                     |  |   |                                     |  |  |  |  |   |                        |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |   |
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| 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                           |                                     | <b>100</b>          |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |  |  |  |  |  |                                     |  |  |                                     |  |  |                                     |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |                                     |  |   |                                     |  |                                     |  |  |   |   |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |  |   |  |  |                   |  |  |  |  |   |                   |   |   |                                     |   |   |   |   |   |                                     |   |   |   |   |  |                            |   |                                     |  |  |  |   |  |  |                   |  |   |                                     |  |   |   |   |  |                                     |   |   |   |   |   |                                     |   |  |  |  |  |   |  |  |  |  |   |                                     |  |  |                                     |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |  |  |  |                                     |  |  |  |  |  |                                       |  |  |  |  |  |                                     |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                                     |  |   |                                     |  |  |  |  |   |                        |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |   |
| Establishment Name:<br>Whataburger  |                   | Contact/Owner Name:<br>Jad abo Mariah |                                     |                     |  | Number of Repeat Violations: <u>0</u><br>Number of Violations COS: <u>2</u> |  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |  |  |  |  |  |                                     |  |  |                                     |  |  |                                     |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |                                     |  |   |                                     |  |                                     |  |  |   |   |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |  |   |  |  |                   |  |  |  |  |   |                   |   |   |                                     |   |   |   |   |   |                                     |   |   |   |   |  |                            |   |                                     |  |  |  |   |  |  |                   |  |   |                                     |  |   |   |   |  |                                     |   |   |   |   |   |                                     |   |  |  |  |  |   |  |  |  |  |   |                                     |  |  |                                     |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |  |  |  |                                     |  |  |  |  |  |                                       |  |  |  |  |  |                                     |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                                     |  |   |                                     |  |  |  |  |   |                        |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |   |
| Physical Address:<br>11250 US-380   |                   | Pest control :<br>Orkin 3-14-24       |                                     |                     |  | Grease trap :<br>Liquid environmental 9-2...<br>Follow-up:<br>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<br/>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>  |                   |                                       |                                     |                     |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |  |  |  |  |  |                                     |  |  |                                     |  |  |                                     |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |                                     |  |   |                                     |  |                                     |  |  |   |   |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |  |   |  |  |                   |  |  |  |  |   |                   |   |   |                                     |   |   |   |   |   |                                     |   |   |   |   |  |                            |   |                                     |  |  |  |   |  |  |                   |  |   |                                     |  |   |   |   |  |                                     |   |   |   |   |   |                                     |   |  |  |  |  |   |  |  |  |  |   |                                     |  |  |                                     |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |  |  |  |                                     |  |  |  |  |  |                                       |  |  |  |  |  |                                     |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                                     |  |   |                                     |  |  |  |  |   |                        |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |   |
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| O   | I                 | N                                     | N                                   | C                   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |  |  |  |  |  |                                     |  |  |                                     |  |  |                                     |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |                                     |  |   |                                     |  |                                     |  |  |   |   |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |  |   |  |  |                   |  |  |  |  |   |                   |   |   |                                     |   |   |   |   |   |                                     |   |   |   |   |  |                            |   |                                     |  |  |  |   |  |  |                   |  |   |                                     |  |   |   |   |  |                                     |   |   |   |   |   |                                     |   |  |  |  |  |   |  |  |  |  |   |                                     |  |  |                                     |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |  |  |  |                                     |  |  |  |  |  |                                       |  |  |  |  |  |                                     |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                                     |  |   |                                     |  |  |  |  |   |                        |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |   |
| U   | N                 | O                                     | A                                   | O                   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |  |  |  |  |  |                                     |  |  |                                     |  |  |                                     |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |                                     |  |   |                                     |  |                                     |  |  |   |   |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |  |   |  |  |                   |  |  |  |  |   |                   |   |   |                                     |   |   |   |   |   |                                     |   |   |   |   |  |                            |   |                                     |  |  |  |   |  |  |                   |  |   |                                     |  |   |   |   |  |                                     |   |   |   |   |   |                                     |   |  |  |  |  |   |  |  |  |  |   |                                     |  |  |                                     |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |  |  |  |                                     |  |  |  |  |  |                                       |  |  |  |  |  |                                     |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                                     |  |   |                                     |  |  |  |  |   |                        |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |   |
| T   |                   |                                       |                                     | S                   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |  |  |  |  |  |                                     |  |  |                                     |  |  |                                     |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |                                     |  |   |                                     |  |                                     |  |  |   |   |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |  |   |  |  |                   |  |  |  |  |   |                   |   |   |                                     |   |   |   |   |   |                                     |   |   |   |   |  |                            |   |                                     |  |  |  |   |  |  |                   |  |   |                                     |  |   |   |   |  |                                     |   |   |   |   |   |                                     |   |  |  |  |  |   |  |  |  |  |   |                                     |  |  |                                     |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |  |  |  |                                     |  |  |  |  |  |                                       |  |  |  |  |  |                                     |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                                     |  |   |                                     |  |  |  |  |   |                        |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |   |
| <b>Time and Temperature for Food Safety</b><br>(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  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |  |  |  |  |  |                                     |  |  |                                     |  |  |                                     |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |                                     |  |   |                                     |  |                                     |  |  |   |   |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |  |   |  |  |                   |  |  |  |  |   |                   |   |   |                                     |   |   |   |   |   |                                     |   |   |   |   |  |                            |   |                                     |  |  |  |   |  |  |                   |  |   |                                     |  |   |   |   |  |                                     |   |   |   |   |   |                                     |   |  |  |  |  |   |  |  |  |  |   |                                     |  |  |                                     |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |  |  |  |                                     |  |  |  |  |  |                                       |  |  |  |  |  |                                     |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                                     |  |   |                                     |  |  |  |  |   |                        |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |   |
| <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   | 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<br>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><input checked="" type="checkbox"/></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><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>22. 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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><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>27. 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| Compliance Status   |                   |                                       |                                     |                     | R  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |  |  |  |  |  |                                     |  |  |                                     |  |  |                                     |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |                                     |  |   |                                     |  |                                     |  |  |   |   |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |  |   |  |  |                   |  |  |  |  |   |                   |   |   |                                     |   |   |   |   |   |                                     |   |   |   |   |  |                            |   |                                     |  |  |  |   |  |  |                   |  |   |                                     |  |   |   |   |  |                                     |   |   |   |   |   |                                     |   |  |  |  |  |   |  |  |  |  |   |                                     |  |  |                                     |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |  |  |  |                                     |  |  |  |  |  |                                       |  |  |  |  |  |                                     |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                                     |  |   |                                     |  |  |  |  |   |                        |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |   |
| O   | I                 | N                                     | N                                   | C                   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |  |  |  |  |  |                                     |  |  |                                     |  |  |                                     |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |                                     |  |   |                                     |  |                                     |  |  |   |   |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |  |   |  |  |                   |  |  |  |  |   |                   |   |   |                                     |   |   |   |   |   |                                     |   |   |   |   |  |                            |   |                                     |  |  |  |   |  |  |                   |  |   |                                     |  |   |   |   |  |                                     |   |   |   |   |   |                                     |   |  |  |  |  |   |  |  |  |  |   |                                     |  |  |                                     |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |  |  |  |                                     |  |  |  |  |  |                                       |  |  |  |  |  |                                     |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                                     |  |   |                                     |  |  |  |  |   |                        |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |   |
| U   | N                 | O                                     | A                                   | O                   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |  |  |  |  |  |                                     |  |  |                                     |  |  |                                     |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |                                     |  |   |                                     |  |                                     |  |  |   |   |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |  |   |  |  |                   |  |  |  |  |   |                   |   |   |                                     |   |   |   |   |   |                                     |   |   |   |   |  |                            |   |                                     |  |  |  |   |  |  |                   |  |   |                                     |  |   |   |   |  |                                     |   |   |   |   |   |                                     |   |  |  |  |  |   |  |  |  |  |   |                                     |  |  |                                     |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |  |  |  |                                     |  |  |  |  |  |                                       |  |  |  |  |  |                                     |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                                     |  |   |                                     |  |  |  |  |   |                        |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |   |
| T   |                   |                                       |                                     | S                   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |  |  |  |  |  |                                     |  |  |                                     |  |  |                                     |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |                                     |  |   |                                     |  |                                     |  |  |   |   |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |  |   |  |  |                   |  |  |  |  |   |                   |   |   |                                     |   |   |   |   |   |                                     |   |   |   |   |  |                            |   |                                     |  |  |  |   |  |  |                   |  |   |                                     |  |   |   |   |  |                                     |   |   |   |   |   |                                     |   |  |  |  |  |   |  |  |  |  |   |                                     |  |  |                                     |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |  |  |  |                                     |  |  |  |  |  |                                       |  |  |  |  |  |                                     |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                                     |  |   |                                     |  |  |  |  |   |                        |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |   |
| <b>Demonstration of Knowledge/ Personnel</b>  |                   |                                       |                                     |                     |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |  |  |  |  |  |                                     |  |  |                                     |  |  |                                     |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |                                     |  |   |                                     |  |                                     |  |  |   |   |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |  |   |  |  |                   |  |  |  |  |   |                   |   |   |                                     |   |   |   |   |   |                                     |   |   |   |   |  |                            |   |                                     |  |  |  |   |  |  |                   |  |   |                                     |  |   |   |   |  |                                     |   |   |   |   |   |                                     |   |  |  |  |  |   |  |  |  |  |   |                                     |  |  |                                     |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |  |  |  |                                     |  |  |  |  |  |                                       |  |  |  |  |  |                                     |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                                     |  |   |                                     |  |  |  |  |   |                        |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |   |
| <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   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |  |  |  |  |  |                                     |  |  |                                     |  |  |                                     |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |                                     |  |   |                                     |  |                                     |  |  |   |   |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |  |   |  |  |                   |  |  |  |  |   |                   |   |   |                                     |   |   |   |   |   |                                     |   |   |   |   |  |                            |   |                                     |  |  |  |   |  |  |                   |  |   |                                     |  |   |   |   |  |                                     |   |   |   |   |   |                                     |   |  |  |  |  |   |  |  |  |  |   |                                     |  |  |                                     |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |  |  |  |                                     |  |  |  |  |  |                                       |  |  |  |  |  |                                     |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                                     |  |   |                                     |  |  |  |  |   |                        |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |   |
| <b>Safe Water, Recordkeeping and Food Package Labeling</b>  |                   |                                       |                                     |                     |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |  |  |  |  |  |                                     |  |  |                                     |  |  |                                     |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |                                     |  |   |                                     |  |                                     |  |  |   |   |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |  |   |  |  |                   |  |  |  |  |   |                   |   |   |                                     |   |   |   |   |   |                                     |   |   |   |   |  |                            |   |                                     |  |  |  |   |  |  |                   |  |   |                                     |  |   |   |   |  |                                     |   |   |   |   |   |                                     |   |  |  |  |  |   |  |  |  |  |   |                                     |  |  |                                     |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |  |  |  |                                     |  |  |  |  |  |                                       |  |  |  |  |  |                                     |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                                     |  |   |                                     |  |  |  |  |   |                        |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |   |
| <input checked="" type="checkbox"/>   |                   |                                       | <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>   |                   |                                       |                                     |                     |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |  |  |  |  |  |                                     |  |  |                                     |  |  |                                     |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |                                     |  |   |                                     |  |                                     |  |  |   |   |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |  |   |  |  |                   |  |  |  |  |   |                   |   |   |                                     |   |   |   |   |   |                                     |   |   |   |   |  |                            |   |                                     |  |  |  |   |  |  |                   |  |   |                                     |  |   |   |   |  |                                     |   |   |   |   |   |                                     |   |  |  |  |  |   |  |  |  |  |   |                                     |  |  |                                     |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |  |  |  |                                     |  |  |  |  |  |                                       |  |  |  |  |  |                                     |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                                     |  |   |                                     |  |  |  |  |   |                        |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |   |
| <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   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |  |  |  |  |  |                                     |  |  |                                     |  |  |                                     |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |                                     |  |   |                                     |  |                                     |  |  |   |   |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |  |   |  |  |                   |  |  |  |  |   |                   |   |   |                                     |   |   |   |   |   |                                     |   |   |   |   |  |                            |   |                                     |  |  |  |   |  |  |                   |  |   |                                     |  |   |   |   |  |                                     |   |   |   |   |   |                                     |   |  |  |  |  |   |  |  |  |  |   |                                     |  |  |                                     |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |  |  |  |                                     |  |  |  |  |  |                                       |  |  |  |  |  |                                     |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                                     |  |   |                                     |  |  |  |  |   |                        |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |   |
| <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><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;"><b>Proper Use of Utensils</b></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td></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><input checked="" type="checkbox"/></td> <td></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><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;"><b>Physical Facilities</b></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><input checked="" type="checkbox"/></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 | 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"/> |  |  | <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"/>   |                   |                                       | <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   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |   |   |  |  |  |  |  |                                     |  |  |                                     |  |  |                                     |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |                                     |  |   |                                     |  |                                     |  |  |   |   |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |  |   |  |  |                   |  |  |  |  |   |                   |   |   |                                     |   |   |   |   |   |                                     |   |   |   |   |  |                            |   |                                     |  |  |  |   |  |  |                   |  |   |                                     |  |   |   |   |  |                                     |   |   |   |   |   |                                     |   |  |  |  |  |   |  |  |  |  |   |                                     |  |  |                                     |  |  |   |  |  |  |  |  |  |  |  |  |  |   |                                     |  |  |  |  |  |                                     |  |  |  |  |  |                                       |  |  |  |  |  |                                     |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |                                     |  |   |                                     |  |  |  |  |   |                        |  |  |  |  |  |                                     |  |  |  |  |  |                                     |  |  |  |  |   |

