See reverse side for the code sections and general requirements that correspond to each violation listed below.

<table>
<thead>
<tr>
<th>In = In compliance</th>
<th>N/O = Not observed</th>
<th>N/A = Not applicable</th>
<th>COS = Corrected on-site</th>
<th>MAJ = Major violation</th>
<th>OUT = Out of Compliance</th>
</tr>
</thead>
</table>

### DEMONSTRATION OF KNOWLEDGE

**X** 1. Demonstration of knowledge; food safety certification

**Employee Health & Hygienic Practices**

**X** 2. Communicable disease; reporting, restrictions & exclusions

**X** 3. No discharge from eyes, nose, and mouth

**X** 4. Proper eating, lasting, drinking or tobacco use

**Preventing Contamination by Hands**

**X** 5. Hands clean and properly washed; gloves used properly

**X** 6. Adequate handwashing facilities supplied & accessible

### Time and Temperature Relationships

**X** 7. Proper hot and cold holding temperatures

**X** 8. Time as a public health control; procedures & records

**X** 9. Proper cooling methods

**X** 10. Proper cooking time & temperatures

**X** 11. Proper reheating procedures for hot holding

**Protection from Contamination**

**X** 12. Returned and re-service of food

**X** 13. Food in good condition, safe and unadulterated

**X** 14. Food contact surfaces: clean and sanitized

### Supervision

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<tr>
<th>SUPERVISION</th>
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<tbody>
<tr>
<td><strong>OUT</strong></td>
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<table>
<thead>
<tr>
<th><strong>PERSONAL CLEANLINESS</strong></th>
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<thead>
<tr>
<th><strong>GENERAL FOOD SAFETY REQUIREMENTS</strong></th>
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<tr>
<th><strong>FOOD STORAGE/DISPLAY SERVICE</strong></th>
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<th><strong>PHYSICAL FACILITIES</strong></th>
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<tr>
<th><strong>SIGNING REQUIREMENTS</strong></th>
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</table>

**39. Thermometers provided and accurate**

**40. Wiping clothes: properly used and stored**

**41. Plumbing: proper back flow devices**

**42. Garbage and refuse properly disposed; facilities maintained**

**43. Toilet facilities: properly constructed, supplied, cleaned**

**44. Premises: personal/cleaning items vermin-proofing**

**45. Floor, walls and ceilings: built, maintained, and clean**

**46. No unapproved private homes/living or sleeping quarters**

**47. Signs posted; last inspection report available**

**48. Plan Review**

**49. Permits Available**

**50. Impoundment**

**51. Permit Suspension**

**Received by (Print):**

**Specialist (Print):**

**Specialist (Signature):**

**Received by (Signature):**

**Title:**

**Re-inspection Date:**