# Food Safety Evaluation Report

**Facility Name:** Saw Mor Foods  
**Phone Number:** 283-2370  
**Permit #:** 18-15493  
**Exp Date:** 5/1/19  
**PRID #:** 497  
**City:** Quincy  
**Zip:** 95971  
**Type of Inspection:** Routine  

Date of Inspection: 16/4/18

---

### In = In compliance  
N/O = Not observed  
N/A = Not applicable  
CGS = Corrected on-site  
MAJ = Major violation  
OUT = Out of compliance

<table>
<thead>
<tr>
<th>In</th>
<th>NO-N/A</th>
<th>COS</th>
<th>MAJ</th>
<th>OUT</th>
</tr>
</thead>
</table>

#### Demonstration of Knowledge

1. Demonstration of knowledge: food safety certification  
2. Communicable disease; reporting, restrictions & exclusions  
3. No discharge from eyes, nose, and mouth  
4. Proper eating, tasting, drinking or tobacco use  
5. Hands clean and properly washed; gloves used properly  
6. Adequate handwashing facilities supplied & accessible  
7. Proper hot and cold holding temperatures  
8. Time as a public health control; procedures & records  
9. Proper cooling methods  
10. Proper cooling time & temperatures  
11. Proper reheating procedures for hot holding  
12. Returned and re-service of food  
13. Food in good condition, safe and unadulterated  
14. Food contact surfaces: clean and sanitized

#### Food From Approved Sources

15. Food obtained from approved source  
16. Compliance with shell stock tags, condition, display  
17. Compliance with Civil Oyster Regulations  
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan

#### Conformance with Approved Procedures

19. Consumer advisory provided for raw or undercooked foods  
20. Licensed health care facilities/public & private schools; prohibited foods not offered

#### Water

21. Hot and cold water available  
22. Sewage and wastewater properly disposed  
23. No rodents, insects, birds, or animals

#### Liquid Waste Disposal

Temp: 72°F

#### Supervision

24. Person in charge present and performs duties  
25. Personal cleanliness and hair restraints

#### General Food Safety Requirements

26. Approved thawing methods used, frozen food  
27. Food separated and protected  
28. Washing fruits and vegetables  
29. Toxic substances properly identified, stored, used

#### Food Storage/Display/Service

30. Food storage; food storage containers identified  
31. Consumer self-service  
32. Food properly labeled & honestly presented  
33. Nonfood contact surfaces clean  
34. Warewashing facilities; installed, maintained, used; test strips  
35. Equipment/Utensils approved; installed; clean; good repair; capacity  
36. Equipment, utensils and linens storage and use  
37. Vending machines  
38. Adequate ventilation and lighting; designated areas, use

---

**Re-inspection Date:** 8/6/09

**Title:** Steve Deras

---

**Specialist (Print):**  
**Specialist (Signature):**  

**Received by (Print):**  
**Received by (Signature):**
OBSERVATIONS AND CORRECTIVE ACTIONS

K45) Clean the meat department cutting/cutting room and ceiling area of grease.

Received by (Print)   

Received by (Signature)   

Specialist (Print)   Specialist (Signature)   

Re-inspection Date: