FOLCHILLO'S COMPOST

Facility Name: FOLCHILLO'S COMPOST
Facility Site Address: 735 E. HWY 89
City: GREMELLE
Zip: 96137
Phone Number: 836-5820
Type of Inspection: Routine
PR ID: 140
Permit #: 19-112
Exp Date: 6/19/20
Permit Holder: FOLCHILLO

Date of Inspection: 7/08/19

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

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

### DEMONSTRATION OF KNOWLEDGE

1. Demonstration of knowledge; food safety certification
   - Food Safety Cert Name: JESSICA FOLCHI
   - Exp. Date: 9/17/21

### EMPLOYEE HEALTH & HYGIENIC PRACTICES

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

### PREVENTING CONTAMINATION BY HANDS

7. Protection from contamination

### TIME AND TEMPERATURE RELATIONSHIPS

8. Time as a public health control; procedures & records
9. Proper cooling methods
10. Proper cooking time & temperatures
11. Proper reheating procedures for hot holding

### HOT & COLD WATER

12. Hot and cold water available

### LIQUID WASTE DISPOSAL

13. Sewage and wastewater properly disposed

### VERMIN

14. No rodents, insects, birds, or animals

### FOOD STORAGE/ DISPLAY SERVICE

15. Food in good condition, safe and unadulterated

### FOOD FROM APPROVED SOURCES

16. Food obtained from approved source
17. Compliance with Gulf Oyster Regulations

### CONFORMANCE WITH APPROVED PROCEDURES

18. Compliance with variance, specialized process, reduced oxygen packaging & HACCP Plan
19. Consumer advisory provided for raw or undercooked foods
20. Highly Susceptible Populations
21. Licensed health care facilities public & private schools; prohibited foods not offered

### WATER/ HOT WATER

22. No unapproved private homes/living or sleeping quarters

### PHYSICAL FACILITIES

23. Plumbing: proper backflow devices
24. Garbage and refuse properly disposed; facilities maintained

### SIGNS/ REQUIREMENTS

25. Premises; personal/cleaning items; vermin-proofing

### PERMANENT FOOD FACILITIES

26. Floor, walls and ceilings: built, maintained, and clean

### COMPLIANCE & ENFORCEMENT

27. Signs posted; last inspection report available
28. Plan Review
29. Permits Available
30. Impoundment
31. Permit Suspension

### SUPERVISION

32. Thermometers provided and accurate
33. Wiping cloths: properly used and stored

### PERSONAL CLEANLINESS

34. Plumbing: proper backflow devices
35. Garbage and refuse properly disposed; facilities maintained
36. Premises; personal/cleaning items; vermin-proofing

### EQUIPMENT/ UTENSILS/ LINENS

37. Equipment, utensils and linens: storage and use
38. Adequate ventilation and lighting; designated areas, use

### EQUIPMENT/ UTENSILS/ LINENS

39. Food storage; food storage containers identified
40. Consumer self-service
41. Food properly labeled & honestly presented

### NON-FOOD CONTACT SURFACES

42. Nonfood contact surfaces clean
43. Warewashing facilities: installed, maintained, used; test strips
44. Equipment/ Utensils approved; installed; clean; good repair, capacity
45. Equipment, utensils and linens: storage and use
46. Vending machines

### RECEIVED BY (SIGNATURE)

Abigail Folchi

### SPECIALIST (SIGNATURE)

Re-inspection Date: 6/6/22