### Demonstration of Knowledge

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#### Employee Health & Hygienic Practices

- Communicable disease; reporting, restrictions & exclusions
- No discharge from eyes, nose, and mouth
- Proper eating, tasting, drinking or tobacco use
- Hands clean and properly washed, gloves used properly
- Adequate handwashing facilities supplied & accessible

#### Time and Temperature Relationships

- Proper hot and cold holding temperatures
- Time as a public health control; procedures & records
- Proper cooling methods
- Proper cooking time & temperatures
- Proper reheating procedures for hot holding

#### Protection From Contamination

- Returned and re-service of food
- Food in good condition, safe and unadulterated
- Food contact surfaces: clean and sanitized

### Food Safety

#### Food From Approved Sources

- Food obtained from approved sources
- Compliance with shell stock tags, condition, display
- Compliance with Gulf Oyster Regulations
- Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan
- Consumer Advisory
- Highly Susceptible Populations
- Licensed health care facilities / public & private schools; prohibited foods not offered

#### Water/Hot Water

- Hot and cold water available
- Liquid Waste Disposal
- Sewage and wastewater properly disposed
- Rodents, insects, birds, or animals

### Supervision

#### Personal Cleanliness

- Person in charge present and performs duties
- Personal cleanliness and hair restraints

#### General Food Safety Requirements

- Approved thawing methods used, frozen food
- Food separated and protected
- Washing fruits and vegetables
- Toxic substances properly identified, stored, used

#### Food Storage/Display Service

- Food storage; food storage containers identified
- Consumer self-service
- Food properly labeled & honestly presented
- Equipment/Utensils/Linens
- Nonfood contact surfaces clean
- Warewashing facilities; installed, maintained, used; test strips
- Equipment/Utensils approved, installed; clean; good repair; capacity
- Equipment, utensils andlinens; storage and use
- Vending machines
- Adequate ventilation and lighting; designated area, use

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**Date of Inspection:** 11/09/19

**Facility Name:** CHILCOT FROSTY

**City:** Chilcot

**Phone Number:** 909-208-7450

**Permit #: 19-077**

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**Received by:** Carolyn Widman

**Specialist:** Carolynn Widman

**Re-inspection Date:** 6/26/15