<table>
<thead>
<tr>
<th>In</th>
<th>N/O/N/A</th>
<th>CO</th>
<th>S</th>
<th>MAJ</th>
<th>OU</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DEMONSTRATION OF KNOWLEDGE**

- Demonstration of knowledge; food safety certification
- 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
- Proper hot and cold holding temperatures
- Time as a public health control; procedures & records
- Proper cooling methods
- Proper cooking temperature
- Proper reheating procedures for hot holding
- Returned and re-service of food
- Food in good condition, safe and unadulterated
- Food contact surfaces: clean and sanitized

**FOOD FROM APPROVED SOURCES**

- Food obtained from approved source
- Compliance with shell stock tags, condition, display
- Compliance with Oyster Regulations
- CONFORMANCE WITH APPROVED PROCEDURES
- Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan
- Consumer advisory provided for raw or undercooked foods
- Licensed health care facilities/ public & private schools; prohibited foods not offered
- Hot and cold water available
- Sewage and wastewater properly disposed
- No rodents, insects, birds, or animals

**SUPervision**

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

**PERSONAL CLEANLINESS**

**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 and linens: storage and use
- Vending machines
- Adequate ventilation and lighting; designated areas, use

**PHYSICAL FACILITIES**

- Floor, walls and ceilings: built, maintained, and clean
- Unapproved private homes/ living or sleeping quarters

**PERMANENT FOOD FACILITIES**

- Signs posted; last inspection report available

**COMPLIANCE & ENFORCEMENT**

- Plan Review
- Permits Available
- Impoundment
- Permit Suspension

**RECEIVED BY**

- Print: 
- Signature: 

**EMPLOYED TO WEAR FACE COVERING AT ALL TIMES WHEN AT FACILITY, WASH HANDS**