**Food Safety Evaluation Report**

**Facility Name:** SSMIOA Nutrition, Portola CA  
**Facility Site Address:** 4545 Sutter Ave, Portola  
**City:** Portola  
**Phone Number:** 932-4183  
**Zip Code:** 96122  
**PR ID #: 261**

**Type of Inspection:** SPECIAL

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>
<tbody>
<tr>
<td>In</td>
<td>In</td>
<td>N/O</td>
<td>N/A</td>
<td>COS</td>
<td>MAJ</td>
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</tbody>
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**DEMONSTRATION OF KNOWLEDGE**

1. Demonstration of knowledge, food safety certification

- Food Safety Cert Name: [Name]
- Exp Date: [Date]

2. All food handlers have valid Food Handler Cards

**EMPLOYEE HEALTH & HYGIENIC PRACTICES**

3. Communicable disease; reporting, restrictions & exclusions

4. No discharge from eyes, nose, and mouth

5. Proper eating, tasting, drinking or tobacco use

**PREVENTING CONTAMINATION BY HANDS**

6. Hands clean and properly washed; gloves used properly

7. Adequate handwashing facilities supplied & accessible

**TIME AND TEMPERATURE RELATIONSHIPS**

8. Proper hot and cold holding temperatures

9. Time as a public health control; procedures & records

10. Proper cooling methods

11. Proper cooking time & temperatures

12. Proper reheating procedures for hot holding

**PROTECTION FROM CONTAMINATION**

13. Returned and re-service of food

14. Food in good condition, safe and unadulterated

15. Food contact surfaces: clean and sanitized

**FOOD SAFETY AND CORONAVIRUS (COVID-19) SPECIAL INSPECTION OBSERVATIONS**

1. Obtain a food handler certification for at least one food worker at the facility. The other food

2. Worker(s) must have a food handler certificate or CA Food Handler Card

3. redesign the 2-door reach-in refrigerator to hold food at 41°F of the colder (found at 45°F) - require the programmer to provide evidence of initial rinsing/cleaning/emptiness

4. [Additional observations or actions as needed]

Received by (Print):  
**Email:**

Specialist (Print): [Signature]

Specialist (Signature): [Signature]  
Re-inspection Date: