



Date of Inspection: 5 AUG 22

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| Facility Name: <u>IRON DOOR</u> | Phone Number: <u>96103</u> | PR ID #: <u>131</u> |
| Facility Site Address: <u>5417 MAIN ST</u> | City: <u>JOHNSVILLE</u> | Zip: <u>96103</u> |
| Permit #: <u>22-138</u> | Exp Date: <u>5/1/23</u> | Permit Holder: <u>MIGUEL RODRIGUEZ</u> |
| | | Type of Inspection: <u>ROUTINE</u> |

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

| In | N/O-N/A | COS | MAJ | OUT |
|---|---------|-----|-----|-----|
| DEMONSTRATION OF KNOWLEDGE | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 1. Demonstration of knowledge; food safety certification | | | | |
| Food Safety Cert Name: <u>Raelyn Rodriguez</u> Exp. Date: <u>10/18/23</u> | | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 2. Communicable disease; reporting, restrictions & exclusions | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 3. No discharge from eyes, nose, and mouth | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 4. Proper eating, tasting, drinking or tobacco use | | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 5. Hands clean and properly washed; gloves used properly | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 6. Adequate handwashing facilities supplied & accessible | | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 7. Proper hot and cold holding temperatures | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 8. Time as a public health control; procedures & records | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 9. Proper cooling methods | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 10. Proper cooking time & temperatures | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 11. Proper reheating procedures for hot holding | | | | |
| PROTECTION FROM CONTAMINATION | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 12. Returned and re-service of food | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 13. Food in good condition, safe and unadulterated | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 14. Food contact surfaces: clean and sanitized | | | | |

| In | N/O-N/A | COS | MAJ | OUT |
|---|---------|-----|-----|-----|
| FOOD FROM APPROVED SOURCES | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 15. Food obtained from approved source | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 16. Compliance with shell stock tags, condition, display | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 17. Compliance with Gulf Oyster Regulations | | | | |
| CONFORMANCE WITH APPROVED PROCEDURES | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | | |
| CONSUMER ADVISORY | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 19. Consumer advisory provided for raw or undercooked foods | | | | |
| Highly Susceptible Populations | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 20. Licensed health care facilities/ public & private schools; prohibited foods not offered | | | | |
| WATER/HOT WATER | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 21. Hot and cold water available Temp <u>115°F</u> | | | | |
| LIQUID WASTE DISPOSAL | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 22. Sewage and wastewater properly disposed | | | | |
| VERMIN | | | | |
| <input checked="" type="checkbox"/> | | | | |
| 23. No rodents, insects, birds, or animals | | | | |

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| SUPERVISION | | OUT |
| 24. Person in charge present and performs duties | | |
| PERSONAL CLEANLINESS | | |
| 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 | | |
| EQUIPMENT/ UTENSILS/ LINENS | | |
| 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 | | |

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| | | OUT |
| 39. Thermometers provided and accurate | | |
| 40. Wiping cloths: properly used and stored | | |
| PHYSICAL FACILITIES | | |
| 41. Plumbing: proper backflow devices | | |
| 42. Garbage and refuse properly disposed; facilities maintained | | |
| 43. Toilet facilities: properly constructed, supplied, cleaned | | |
| 44. Premises; personal/cleaning items; vermin-proofing | | |
| PERMANENT FOOD FACILITIES | | |
| 45. Floor, walls and ceilings: built, maintained, and clean | | |
| 46. No unapproved private homes/ living or sleeping quarters | | |
| SIGNS/ REQUIREMENTS | | |
| 47. Signs posted; last inspection report available | | |
| COMPLIANCE & ENFORCEMENT | | |
| 48. Plan Review | | |
| 49. Permits Available | | |
| 50. Impoundment | | |
| 51. Permit Suspension | | |

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|---|------------------------|
| Received by (Print) <u>Raelyn Rodriguez</u> | Title |
| Received by (Signature) <u>R. Rodriguez</u> | |
| Specialist (Print) <u>Ros Rodriguez</u> | Specialist (Signature) |
| Re-inspection Date: | |

OBSERVATIONS AND CORRECTIVE ACTIONS

- #7) - Adjust or repair the walk-in refrigerator to hold cold food at 41°F or below (found at 48°F)
- Adjust the glass door reach-in refrigerator at the bar area to hold food at 41°F or below (found at 48°F) (CO5)
- #21) Adjust the water heater to provide 120°F hot water (found at 115°F) (CO5) R1
- #36) Provide an ice bin for the bar ice area that is self-draining and with separate the drink ice from cooling ice.

PLEASE CONTACT ENVIRONMENTAL HEALTH WHEN THE WALK-IN REFRIGERATOR IS REPAIRED.

Received by (Print)

Title

Received by (Signature)

R. Rodin

Specialist (Print)

Specialist (Signature)

Rob Rodin

Re-inspection Date: