CCIS						Sanitat	ior	1 5	Su	rve	y Report
Food Inspection Program							F	age	∍	<u> </u>	_ of
Business Name:					Ç	perator:		_	Pho	ne:	1 0 - 0
Franklin Fire Compa	<u> 11 Y</u>	<u>′ </u>				ranklin tire (o. Vo	1-	re		eø)	263-80
ddress	- 1	,	City	1	•	ZIP Seat Checko	uts		İ	•	
158 W Ning Street		<u>(</u>	\mathcal{L}	ľД	<u> </u>	11/0 -415	A -A!-	.: A	Time		Traval Times
ieneral Health Record ID () P/E		Da	ate	(EHS	ACU	/ity	Time		Travel Time
PR 2007-1156				Ш	<u>ORD</u>				m		m
	Red	Hig	h R	isk Fa	actors						
ligh Risk Factors are improper practices or procedures	ident	ifiec	asi	the mo	ost prevalent	contributing factors of foodborne illne	ss or i	njur		ervi	ce Scheduled
Circles indicate com							aat vic	ماخما		20 DX 29 □	Return
N = in compliance OUT = not in compliance N/O = not o		ea R f	_		Compliance St			RF		26 🗆	Fld Pl Rvw
Compliance Status emonstration of Knowledge	OUI	11	15		•	ardour Food Time/Temperature					Complaint
00 IN OUT PIC certified by accredited program, or compliance	. [0]	0	5			Proper cooling procedures			30 1	33 🗌	Illness / Injury
with Code, or correct answers		믉				Proper hot holding temperatures (<130°F)			— 1 .	34 🔲	
Pool IN OUT Food Worker Cards current for all food workers; new food workers trained		미	5	1720	IN OUT N/A N/O	Proper hot holding temperatures (between 130°F to 139°F)		미		36 🗆	
mployee Health				1800	IN OUT N/A N/O	Proper cooking time and temperature	0		201	27 🗌	
100 IN OUT Proper ill worker practices; no ill workers present; proper reporting of illness			25	1900	IN OUT N/A N/O	No room temperature storage; proper use of time as a control, procedures available	0		25 l	□ 60 □	HACCP
reventing Contamination by Hands	أتنوي			2000	IN OUT N/A N/O	Proper reheating procedures available	0		15	⊔ lesu	lte
400 IN OUT N/O Hands washed as required	0			2110	IN OUT N/A	Proper cold holding temperatures (> 45°F)			101 _	iesu 1 🛮	Satisfactory
500 IN OUT N/A N/O Proper methods used to prevent bare hand contact with RTE foods	t 🗆		15	2120	IN OUT N/A	Proper cold holding temperatures (between 42°F to 45°F)		미	וכ	2 🛚	•
500 IN OUT Adequate handwashing facilities		ㅁ	10	2200	IN OUT N/A	Accurate thermometer provided and used to		ㅁ			Complete
pproved Source, Wholesome, Not Adulterated					A - 110	evaluate temperature of PHF					Incomplete
700 IN OUT Food obtained from approved source			15		isumer Advi	Proper Consumer Advisory posted for raw or			5		
Water supply, ice from approved source		믭	10	Ī	1	undercooked foods			-		
000 IN OUT N/A N/O Proper washing of fruits and vegetables 000 IN OUT Food in good condition, safe and unadulterated;	-	닒				ible Population			_	\ctic ⊿ □	Suspend
approved additives		Ш		2400	in out N/A	Pasteurized foods used as required; prohibited foods not offered			0		Approved
100 IN OUT Proper disposition of returned, previously served, unsafe, or contaminated food			10	Sile	mical	***			ď	-	Disapproved
200 IN OUT N/A N/O Proper shellstock identification; proper parasite		同	5	2500	IN) OUT	Toxic substances properly identified, stored, used		þ	10 2	6 XZ	Follow-up Regid
destruction procedures for fish						vith Approved Procedures				'	
Protection from Cross Contamination 300 IN OUT NA Food contact surfaces used for raw meat			15	2600	IN OUT N/A	Compliance with risk control plans, variances, or mobile unit plan of operation		미			0
thoroughly cleaned and sanitized				2700	IN OUT N/A	Variance obtained for specialized processing			101		s Served
400 IN OUT N/A Raw meats below or away from RTE food 500 IN OUT N/A N/O Proper handling of pooled eggs		믭	5			methods (e.g., ROP)					Breakfast Lunch
500 NV COT NV NV Proper nanding of pooled eggs				ـــــــــــــــــــــــــــــــــــــ							S—Eurich ☑Dinner
Low Risk Factors are preventive measures to co				sk Fac		chamicals and physical objects into to	ode		_	7	Cater
	MILLOR.	flina.	auui		fasthadane						☐ Other ☐ Other
Circled pc					f pathogens, not in compli		ous.				
опови ре	oints i		ate ii	tems i	not in compli	ance.		R I	ets 6	/	_
ood Temperature Control	cints in	ndic R	ate it	tems i Uter	not in compli	iance. uipment	CDI		ets •TS	/leal	Observed
ood Temperature Control 800 Food received at proper temperature	cDI	ndic	ate ii PTS 5	tems i Uter	not in compli	ance.	CDI	A	6 PTS 6	/ leal 045 [Observed Breakfast
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CCIS		Sanitation Su	urvey Report
Food Inspection Program		Page	_2of
Business Name:	Operator:	, F	Phone:
Franklin Fire Comp	Dany Franklia Fire (O. VOL FIRE DED	+)263-8600
Address King St	City ZIP	Seat / Checkouts	1
General Health Record ID P/E	Date C EHS	Activity Tir	ne Travel Time
PR 7007-156		r	m m
6. 44 .4	TEMPERATURE OBSERVATIONS	- toF0	Service
Item / Location	Temp (°F) Item / Location	Temp (°F)	128 Scheduled
Itosi (wier	29.9°		129'⊞ Return 126
			130 Complaint
			133 Illness / Injury
			134 ☐ Permit Inv. 136 ☐ Field Education
			127 Pre-Operat.
			106 HACCP
			Results
Ones	EDVATIONS and CORRECTION ACTIONS		01 Satisfactory
	ERVATIONS and CORRECTION ACTIONS this area must be corrected with the time frame specified.	Points	02 ☐ Unsatisfactory 03 ⊠Complete
7-20	1	17	04 Incomplete
li i ana a la	ies with Cleaner in		
4800 Light out in ex		2	Action
4000 Stand Uptan ,	a Dishurshing area-gri	11 needs	04 Suspend
cleaned			07 ☑ Approved 10 ☐ Disapproved
3300 Boxes on Aron	in dry storage area		26 🔀 Follow-up Req'd
	10	į	
			Meals Served
1411 (5) 1411	[] Cakad not ald a	+ ~ ~ ~ +	6020 Breakfast 6025 CLunch
MIC - WI	F LOCOCI - I DI-COLO	, 1090	6030 SkDinner
in the	se need inspected		6035 🗖 Cater
House call	1 2102-0081 with do	w -	6040 Other
time to be	z unlocked		Meal Observed
	7		6045 🗆 Breakfast
			6050
			6060
			6065 Other
			Red Critical Points
			Blue Points
Comments			-7
			Total Points
Based on an inspection this day, the above items are violations,	, which must be corrected in the time specified by the health officer. A food e	stablishment permit may be suspended	without warning, notice or hearing if the
red critical points or if there are 101 or more total points. The heal	er are not met or if violations are not corrected in the time stated in this report. Ith officer will provide an opportunity for an appeal on the validity of a suspension ling of an appeal does not stay the effectiveness of a suspension. The complete	on or the findings of an inspection report.	if a written request is filed with the health
Person in Charge (Printed Name)	(Signature)		
Regulatory Authority (Printed Name)	(Signature) AUC	ia School	201