•	CIS							Sanitat	tio	n :	Sı —	urvey	Report
F	ood Ins	pection Program			·					Pa			_ of
Bust	iess Name	Food Rhy 4	~)			(-	Operator:	-a C	1	//	Phone:	01.24100
\bigcirc	riant	- ICCI STOVE TH	D/		City			ZIP Seat Check	onts)	U	77		Ma J. MCC
	<i>1</i> 72 1	Nauma Avanue	_	/		56		177201	>				
<u>~/</u>	eral Health	Becord D P/F		<u> </u>	ate	IĽ,) 	/ (20)	Act	ivity	/ Tin	ne 7	Travel Time
		THE CONTRACT OF THE CONTRACT O	\top	$\neg^{}$			4			,	r	n	m
PR					L	يـــــــ							
		s are improper practices or procedures i					actors	at contributing factors of foodborne illus	n ee	iniu	ITV.	Servic	
High	HISK FACTOR	Circles indicate comp	lian	ce s	statu	в (IN,	OUT, N/O, N/	A) for each item.					Scheduled
IN =	in compliance	OUT = not in compliance N/O = not ob		_		= not		CDI = corrected during inspection R = re	peat vi	olati		129 ☐ F	
	Compliance St		CDI	Я	PTS		Compliance :		CD	Н	PTS		Fld Pl Rvw Complaint
		of Knowledge		O	5			eardour Food Time/Temperature O Proper cooling procedures			30		Ilness / Injury
1100	in out	PIC certified by accredited program, or compliance with Code, or correct answers		u	ס			0 Proper tooling procedures 0 Proper hot holding temperatures (<130°F)	- 6	븁			Permit Inv.
200	in out	Food Worker Cards current for all food workers;	0	0	5	_		O Proper hot holding temperatures		O	5	136 🗌 F	Field Education
	loyee Healt	new food workers trained				190	IN OUT N/A N	(between 130°F to 139°F) O Proper cooking time and temperature		-	25		Pre-Operat.
-	IN OUT	Proper ill worker practices; no ill workers present;			25	<u> </u>	+	O Proper cooking time and temperature O No room temperature storage; proper use of time		늄	-	106 🔲 F	HACCP
		proper reporting of illness			Ŀ			as a control, procedures available				🗆 _	
		tamination by Hands		m	15	200			0		_	Result	8
		Hands washed as required Proper methods used to prevent bare hand contact	믐		-	211) IN OUT N/A	Proper cold holding temperatures (> 45°F) Proper cold holding temperatures	ᆜ씀	Hö	_		Satisfactory
		with RTE foods	Ĺ					(between 42°F to 45°F)		L			Jnsatisfactory
	PN OUT	Adequate handwashing facilities	D	Q	10	220	IN OUT N/A	Accurate thermometer provided and used to evaluate temperature of PHF		0	5		Complete
	roved Sourc	ce, Wholesome, Not Adulterated Food obtained from approved source	ΤO	0	[Co	nsumer Ad					04 📙 🛭	ncomplete
	IN OUT	Water supply, ice from approved source	ä	ᡖ		230	IN OUT N/A	Proper Consumer Advisory posted for raw or		0	5	" -	
	IN OUT N/A N/O	Proper washing of fruits and vegetables			10	-17	ibly Suscen	undercooked foods tible Population				Action	1
200	IN OUT	Food in good condition, safe and unadulterated; approved additives			10		D IN OUT N/A	Pasteurized foods used as required; prohibited		ΤÓ	10		Suspend
INO.	IN OUT	Proper disposition of returned, previously served,		6	10			foods not offered			Ш		K pproved
		unsafe, or contaminated food		Ļ		_	emical	To the house and the sifted stand to be		По	10	10 🗆 🗓	Disapproved
200	IN OUT N/A N/O	Proper shellstock identification; proper parasite destruction procedures for fish			5		D UNDOUT	Toxic substances properly identified, stored, used with Approved Procedures	יין נ	ΙN	10	L266 □ F	Follow-up Req'd
rot	ection from	Cross Contamination					O IN OUT N/A	Compliance with risk control plans, variances, or		ΙÖ	10		
300	IN OUT N/A	Food contact surfaces used for raw meat			15			mobile unit plan of operation				Moole	Served
400	IN OUT N/A	thoroughly cleaned and sanitized Raw meats below or away from RTE food			5	270	IN OUT N/A	Variance obtained for specialized processing methods (e.g., ROP)	٦٥	l۷	10		Breakfast
_	IN OUT N/A N/O		6		5							6025	Lunch
			Blu	e lo	w R	sk F	nctors					6030 🗆	
	Low Risk	Factors are preventive measures to con	trol	the	addi	tion (of pathogens	, chemicals, and physical objects into f	oods.			6035 □	Cațer
		Circled poi	nts i	ndi	cate	tems	not in comp	liance.			la-ra	6040 🕀	Other
			CDI	R	PTS	TIP:	nsils and E	alliament	CD	IĮ R	PTS	1	>1
800	d Temperatu	at proper temperature	П	П	. 5			n-food sufaces properly used and constructed;		[0	5	1	Observed Breakfast
		pment for temperature control		Ō		\	cleanable				$oldsymbol{ol}}}}}}}}}}}}}}}}}$	6050	
000	Proper thawing	methods used	0	Ö	3	410		g facilities properly installed, maintained, used; ailable and used		0	5	6055	
	d Identificat					420	0 Food — con	act surfaces maintained, cleaned, sanitized	0			6060	
	Proper Jabeling		JU	JЦ	5	430		contact surfaces maintained and clean			3	6065 🖳	
		Contamination Is, animals not present; entrance controlled	In	IΠ	5		ysical Facili		low 🔲	10	Ę.		
		contamination prevented during preparation,	_	信	_	440	devices, ind	operly sized, installed, and maintained; proper backs rect drains, no cross-connections				Red Critica	ו Points כ
-	storage, displa	у	 		*	450		stewater properly disposed		_			.0
	_	properly used, stored Inliness and hygiene	 -		3	460		s properly constructed, supplied, cleaned use properly disposed; facilities maintained	0	_		Dius Doints	
		tasting, drinking, or tobacco use	Ö			470	Physical fac	lities properly installed, maintained, cleaned:					フ
	er Use of L					┶═	unnecessar	persons excluded from establishment			1	₩	<u> </u>
3600		properly stored	ΤÜ		3	490		ntilation, lighting; designated areas used	- 0				nts
3600 Prop 3700	In-use utensils		_	-	-	500	Al Dooting of a			111	יוי.	11 ~	
3600 Prop	In-use utensils Utensils, equip	ment, linens properly stored, used, handled d single-service articles properly stored, used		0	3	500	0 Posting of p	ermit; mobile establishment name easily visible		Ö	2	3	2

officer within ten (10) days of the suspension or inspection. The filling of an appeal does not stay the effectiveness of a suspension. The completed inspection form is a public document that must be made available to any perswho requests it under the provision of the Right to Know Law.

Person in Charge (Printed Name)

Regulatory Authority (Printed Name)

(Signature)

(Signature)

CCIS 5-1-07	San	itation S	urvey Report				
Food Inspection Program		Page	of				
Business Name:	re #52 Signt Food	Starce	Phone: (//C) X3-40				
Address (1)		Checkouts	the state of the				
093 WaynE AvenuE	Chba /7201		T				
General Health Record ID P/E	Date / ' ' EHS '	Activity Ti					
PR	MPERATURE OBSERVATIONS		m m				
Item / Location	Temp (°F) Item / Location	Temp (°F)	Service 128⊠ Scheduled				
Produce Cooler (1)	390 Hot Box	180	129 ☐ Return				
Produce Cooler (2)	36º Zar Coders	46°	126 ☐ Fld Pl Rvw 130 ☐ Complaint				
Froduce with	40° Sandwich display	390	133 Illness / Injury				
This is the	360 September WIC	400	134 ☐ Permit Inv. 136 ☐ Field Education				
2 dr Freeze Cooler Deli	40° Season URF	Ho	127□ Pre-Operat. 106□ HACCP				
Zar Freez 12 Deli	20 Seasood disday	3°-35					
	Seaford Island	280	Results				
	TIONS and CORRECTION ACTIONS		01 Satisfactory 02 Unsatisfactory				
	rea must be corrected with the time frame specified.	Points	03 Complete				
Xeco No Haper tous	Sin Produce Prepana Hoodwa						
Station		.5	Action				
2900 Nu Back-up Them	00 No Back-up Thermometer in Produce with						
2500 Cleaner Sitting	10.	07 □ Approved 10 □ Disapproved					
You hand wash Sind	<u>メ</u>	26 D Follow-up Req'd					
3300 front in meat (1)	food in meat with Not covered (chillen) bui						
3300 food unioused	in URF in Dli	X	Meals Served - 6020 ☐ Breakfast				
4800 Need to Clean	KOD Need to Clean Floor and Coders on Outside						
From Lin Back up The	<u>×</u>	6030 ☐ Dinner 6035 ☐ Cater					
4800 floor need to b	200	6040 □ -Other					
4800 Need to Clan Or	><	Meal Observed					
4800 ned to Cloom	ン	6045 □ Breakfast 6050 □ Lunch					
2602 No handtowas	<u> </u>	6055 Dinner					
3300 tains six ma	out not lawred	7 4	6060				
	<u> </u>		Red Critical Points				
			J 20				
			Blue Points				
Comments] / Z				
			Total Points				
			<u> </u>				
equirements of the food code and/or directives of the health officer are	must be corrected in the time specified by the health officer. A food establishment not met or if violations are not corrected in the time stated in this report. The permit will er will provide an opportunity for an appeal on the validity of a suspension or the finding an appeal does not stay the effectiveness of a suspension. The completed inspection for the complete of the comp	l de suspended ir an immi nos of an inspection renor	ment nazard exists or there are 75 or the t if a written request is filed with the hea				
Person in Charge (Printed Name)	(Signature)	this	- 7				
Regulatory Authority	(Signature)		1 -				

CCIS	Sanitation Survey Report
Food Inspection Program	Page of
Business Name: Operator:	Phone: 1/0 0/0 /M
JUNAT FOOD STORE # JO DUA	Seat Checkguits
Address 3 Maure Avenue Cha 1720	N Seat you resamins
General Health Record D P/E Date EHS	Activity Time Travel Time
PR	m r
OBSERVATIONS and CORRECTION ACTIONS	Service
Item Number Violations cited in this area must be corrected with the time frame speci	ified. Points 128 Scheduled
	129 Return
Meat display Cooler 370 -370	126 ☐ Fld Pl Rvw 130 ☐ Complaint
meat display Cooler 31°-31°	133 ☐ Illness / Injury
with many	134 ☐ Permit Inv. 136 ☐ Field Education
bakery with	136 Preid Education
batery with 38°	106□ HACCP
· · · · · · · · · · · · · · · · · · ·	
	Results 01 🗹 Satisfactory
	02 Unsatisfactory
	03 Complete
	04 🔲 Incomplete
	Action
	04 ☐ Suspend 07 ☐ Approved
	10 Disapproved
	26 ☐ Follow-up Req
	Meals Served
	6020 🔲 Breakfast
	6025 Lunch
	6030 ☐ Dinner 6035 ☐ Cater
	6040 ☑ Other
	Meal Observed 6045 ☐ Breakfast
	6050 🗆 Lunch
	6055 🗆 Dinner
	6060 □ Cater
	6065 🗆 Other
	Red Critical Points
Comments	20
	Biue Points
	/Z
	Total Peigts
	<u> </u>
Based on an inspection this day, the above items are violations, which must be corrected in the time specified by the health office	cer. A food establishment permit may be suspended without warning, notice or hearing it
requirements of the food code and/or directives of the health officer are not met or if violations are not corrected in the time stated in	t a cuspone or the findings of an inspection report if a written request is filed with the hi
red critical points or it there are 101 of more total points. The filling of an appeal does not stay the effectiveness of a suspension. To who requests it under the provision of the Right to Know Law.	he completed inspection form is a public document that must be made available to any pe
(Signature)	Make Stance
(Printed Name) M. V. Stite J	1/1/44 (T) V

(Signature)

Regulatory Authority (Printed Name)