	CCIS							Sanita				y Report
		spection Program							;	Pag		of_ <u></u>
U:	siness Name						(Operator:			Phone:	
<u>`</u>	SUDVIC	ilter Farm Produ	JC	0	/			John Showalt	ex	•	()	
10	dress	Chia		l.	City		0.4	ZIP Seat / Check	outs		1	
_	\mathcal{L}	Trant Street LIV	Π	D	4 5	$\mathcal{D}\Gamma$	ug, KA	1/20			<u>.</u>	···
	neral Health	Hecora ID P/E		_	Date		, , , , , , , , , , , , , , , , , , ,	EHS	Act	ivity	Time	Travel Time
ŀ		071-1216161					BOL				m	r
			Ře	d H	igh l	lisk f	actors	-				
İğ	h Risk Facto	rs are improper practices or procedures							ess or	injur	Servi	
u .	in complianc	Circles indicate comp • OUT = not in compliance N/O = not ob						tor each item.CDI = corrected during inspection R = re	nast vi	-1-4:-		Scheduled Return
	Compliance St	······································			PTS		Compliance S	<u> </u>	<u> </u>	R F		Fld PI Rvw
1		of Knowledge	OD.	1,	1 10	Po	•	ardous Food Time/Temperature	001	'' ''	_	Complaint
	IN OUT	PIC certified by accredited program, or compliance			5			Proper cooling procedures	To			Illness / Injury
_	N OUT	with Code, or correct answers	_					Proper hot holding temperatures (<130°F)			25 134 🔲	Permit Inv.
J	IN OUT	Food Worker Cards current for all food workers; new food workers trained			5	1720	IN OUT N/A N/O	Proper hot holding temperatures (between 130°F to 139°F)	Ö		5 136 🗆	Field Education
í	ployee Heal	th				1800	IN OUT N/A N/O	Proper cooking time and temperature				Pre-Operat.
0	in out	Proper ill worker practices; no ill workers present;	0		25			No room temperature storage; proper use of time			106	HACCP
•	venting Con	proper reporting of illness						as a control, procedures available			_ 0	
		Hands washed as required	ΙO	ГП	15		IN OUT N/A N/O	Proper reheating procedures for hot holding Proper cold holding temperatures (> 45°F)		-	Resu	
0	+	Proper methods used to prevent bare hand contact	Ī	ō		_	IN OUT N/A	Proper cold holding temperatures	+=		- [01 📙	Satisfactory
_	IN OUT	with RTE foods	+	_	1	L		(between 42°F to 45°F)			02 □	Unsatisfactory
	IN OUT	Adequate handwashing facilities ce, Wholesome, Not Adulterated	ļ	ļU	10	2200	IN OUT N/A	Accurate thermometer provided and used to evaluate temperature of PHF	10	미		Complete
	IN OUT	Food obtained from approved source		Q		Co	nsumer Adv				04 🗒	Incomplete
0	<u> </u>	Water supply, ice from approved source	t		15	2300	IN OUT N/A	Proper Consumer Advisory posted for raw or			5 🗆	
Û	IN OUT N/A N/O	Proper washing of fruits and vegetables			10	1177	hlu Success	undercooked foods			Actio	n
)	in out	Food in good condition, safe and unadulterated;			10		IN OUT N/A	ible Populations Pasteurized foods used as required; prohibited	10		10 04 🛘	Suspend
n	IN OUT	Proper disposition of returned, previously served,	╁	П	10		114 OZ7 10A	foods not offered			07 🔯	Approved
		unsafe, or contaminated food				Che	emical				10 🗇	Disapproved
)	IN OUT N/A N/O	Proper shelfstock identification; proper parasite destruction procedures for fish	0	0	5		IN OUT	Toxic substances properly identified, stored, used			10 26 □	Follow-up Req
	tection from	Cross Contamination		1				vith Approved Procedures	10]		
	IN OUT N/A	Food contact surfaces used for raw meat		0	15	2600	IN OUT N/A	Compliance with risk control plans, variances, or mobile unit plan of operation	ا		1	. 0
_	IN OUT N/A	thoroughly cleaned and sanitized				2700	IN OUT N/A	Variance obtained for specialized processing			IUI	Served
_	IN OUT N/A N/O	Raw meats below or away from RTE food Proper handling of pooled eggs		0	5			methods (e.g., ROP)				Breakfast
_	IN OUT TEX 160	Troper hazaming or pooled eggs				L	I					Lunch
	L ave Dial						actors		- 1			Dinner
	LOM HIS	k Factors are preventive measures to cor Circled poi					r parnogens, not in compli		oas.]Cater ☑ Other
			CD	R	PTS		•		CDI	R P	TS 0040 P	g Other
O	d Temperatı						nsils and Ed				Meal	Observed
00	+	at proper temperature			5	4000	Food and non- cleanable	food sufaces properly used and constructed;		미	5 6045 E	☐ Breakfast
0	 	ipment for temperature control g methods used			5 3	4100		facilities properly installed, maintained, used;	-		L	Lunch
	d Identificat	-	Jυ	JΨ		<u> </u>	test strips avai	lable and used		1	<u>5</u> 6055 €	Dinner
	Proper labeling			Ī	5	4200		ct surfaces maintained, cleaned, sanitized ontact surfaces maintained and clean				Cater
		Contamination					sical Facilit			U		₹ Other
	Insects, roden	ts, animals not present; entrance controlled	0		5	4400		erly sized, installed, and maintained; proper backfl	ow 🗆		5 Red Critic	`
0	Potential food	contamination prevented during preparation,			5		devices, indire	ct drains, no cross-connections				2011 011110
÷	ctorono diento	ry properly used, stored	6	n	5	4500	+	ewater properly disposed)
00	storage, displa Wiping cloths				3	4600	 	properly constructed, supplied, cleaned se properly disposed; facilities maintained			Blue Poin	ts
00	Wiping cloths	anliness and hygiene					I wandago, rollin				<u>-</u> 11 ~	
00	Wiping cloths Employee clea				3	4800	Physical facilit	ies properly installed, maintained, cleaned:			2 6-	<u> </u>
00	Wiping cloths Employee clea Proper eating, per Use of U	anliness and hygiene Lasting, drinking, or tobacco use Itensits	_	D	3	4800	unnecessary p	es properly installed, maintained, cleaned; ersons excluded from establishment			⊣	>
00	Wiping cloths Employee clea) Proper eating, per Use of U In-use utensils	anliness and hygiene lasting, drinking, or tobacco use Itensils properly stored			3	4800 4900	unnecessary p Adequate vent	ersons excluded from establishment ilation, lighting; designated areas used			2 Total Po	-
0	Wiping cloths Employee clean) Proper eating, per Use of U in-use utensils Utensils, equip	anliness and hygiene Lasting, drinking, or tobacco use Itensits			3	4800 4900	unnecessary p Adequate vent	ersons excluded from establishment		\sqcup	2 Total Po	-

Person in Charge (Printed Name) Lynette F. Showalter

Regulatory Authority (Printed Name) Alicia Schooley

(Signature) Alicia Schooley

(Signature) Alicia Schooley

CCIS					urvey Report
Food Inspection Pro	ogram			Page	2of_ <u>Z</u>
Business Name:		,	Operator:		Phone:
Showalter F	<u>arm Produc</u>	CC/City	John St	owalter	()
Address Grants	Street Char			Seat / Checkouts	
General Health Record ID	Street Char	Date	EHS	Activity T	ime Travel Time
PR 2007-2	100		13007		m m
Item / Local		ERATURE O Temp (°F)	BSERVATIONS Item / Location	Temp (°F)	Service
item / Loca	1001	iemp(1)	TION / LOUISI	10	- 128 Scheduled 129 ☐ Return
					126 ☐ Fld Pl Rvw
					_ 130 ☐ Complaint
					133 □ Iliness / Injury 134 □ Permit Inv.
					_ 136 □ Field Education
					127 ☐ Pre-Operat. — 106 ☐ HACCP
					Results
,	OBSERVATION	ONS and CO	RRECTION ACTIONS		01 Satisfactory 02 Unsatisfactory
Item Number	Violations cited in this area	must be corre	cted with the time frame specified.	Points	_ 03 😾 Complete
300 Drinks	stored in Ki	th for	1	3	04 🔲 Incomplete
	th License		1	2	1 U
Soo No Hear	In License	10016			Action
					04 □ Suspend 07 ⊠ Approved
					- 10 ☐ Disapproved
					26 Foilow-up Req'd
					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
					$\dashv \sqcup \cup \sqcup$
Comments					Blue Points
Comments					1
					Total Points
requirements of the food code and/or dire	ctives of the health officer are not pre total points. The health officer with the contraction of an a	met of it violations	the time specified by the health officer. A food e are not corrected in the time stated in this report. ortunity for an appeal on the validity of a suspensi by the effectiveness of a suspension. The complete	nn or the findings of an inspection rend	art if a written request is filed with the healt
		walter	r (Signature) Lynd	ette J. Showe	alter
Regulatory Authority (Printed Name)	the F. Shoole	Ŋ	(Signature) ALLICK	Schoole	
		/	4		•