CCIS						Sanita	tior	ı S	urye	y Report	
Food Ins	pection Program						F	age		_ of <u></u>	
Business Name				C	perator: (7				Phone:		
Trinity	Episcopal Chur	ch.				ame			( )	264-6351	
Address	11 0	City	~1	1	ZIP	Seat Check	outs		1		
28 2	outh second St	reet	<u> </u>	nba_	1/20		O	de T	<u> </u>	Traval Times	
General Health	Record ID P/E	Date	1		EHS	<del></del>	ACU	/ity Ti	ıme	Travel Time	
PR 200	0141141		$\mathcal{O}$	<u> </u>					m	m	
Red High Risk Factors  High Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury.  Circles indicate compliance status (IN, OUT, N/O, N/A) for each item.  Service  128 V Scheduled											
IN = in compliance					:) for each item. :DI = corrected during	inspection R = re	peat vio	lation		Return	
Compliance St		CDI R PTS		ompliance St				R PT	ଷ 126 🗆	Fld Pl Rvw	
Demonstration	of Knowledge				rdour Food Time/					Complaint	
0100 IN OUT	PIC certified by accredited program, or compliance with Code, or correct answers	0 0 5	$\rightarrow$		Proper cooling procedur Proper hot holding temp			☐ 30 ☐ 25		Illness / Injury Permit Inv.	
0200 IN OUT	Food Worker Cards current for all food workers;	0 0 5		IN OUT N/A N/O		<u> </u>				Field Education	
Employee Healt	new food workers trained		1000	IN OUT N/A N/O	(between 130°F to 139°I	<del></del>		□ 25	127 □	Pre-Operat.	
0300 IN OUT	Proper ill worker practices; no ill workers present;	□ □ 25	-		Proper cooking time and No room temperature st			□ 25	<b>- 102    </b>	HACCP	
	proper reporting of illness	i ]			as a control, procedures	available	$\perp$				
_	tamination by Hands	0 0 15		IN OUT N/A N/O	Proper reheating proced Proper cold holding tem			□ 15 □ 10	, nesu	ā	
	Proper methods used to prevent bare hand contact	□ □ 15		IN OUT N/A	Proper cold holding tem	. ,		0 5	JI A	Satisfactory Unsatisfactory	
0600 IN OUT	with RTE foods Adequate handwashing facilities	D D 10	2200	IN OUT N/A	(between 42°F to 45°F) Accurate thermometer p	rovided and used to	$\frac{1}{1}$	<del>-  :</del>	_ 02	Complete	
	ce, Wholesome, Not Adulterated				evaluate temperature of				04 🗆	Incomplete	
0700 IN OUT	Food obtained from approved source	0 0 15		sumer Advi IN OUT N/A	Proper Consumer Advis	ory posted for raw or			5 🔘		
0900 IN OUT N/A N/O	Water supply, ice from approved source Proper washing of fruits and vegetables				undercooked foods	ory poored for rail or			Actio	n	
1000 IN OUT	Food in good condition, safe and unadulterated;	□ □ 10	_	ly Suscepti IN OUT N/A	ible Population Pasteurized foods used a	as required; prohibited	101	<u> </u>	04	Suspend	
1100 IN OUT	approved additives  Proper disposition of returned, previously served,	D D 10	2400		foods not offered	as required; promotion			07 🖭	Approved	
	unsale, or contaminated food		Cher 2500	nical	Tovio substances propor	ty identified, stored, used	101	<u> </u>	10′ 🗆	Disapproved	
1200 IN OUT N/A N/O	Proper shellstock identification; proper parasite destruction procedures for fish	□ □ 5			ith Approved Pro		י ן טן		26 🗆	Follow-up Req'd	
	Cross Contamination			IN OUT N/A	Compliance with risk co	ntrol plans, variances, or		10			
1300 IN OUT NA	Food contact surfaces used for raw meat thoroughly cleaned and sanitized		2700	IN OUT N/A	mobile unit plan of operations of special variance obtained for special variance.		-	<u> </u>	Meals	s Served	
1400 IN OUT N/A	Raw meats below or away from RTE food	D D 5			methods (e.g., ROP)					Breakfast	
1500 IN OUT N/A N/O	Proper handling of pooled eggs	0 0 5					!		1	Lunch	
L Diel	- Francisco de provincia de porte de po	Blue low R			showingle and phy	sical oblasta into f	oode.			☐ Dinner ☐ Cater	
LOW KIS	Factors are preventive measures to con Circled poli	nts indicate				sical objects filto i	Jous.			DOther	
		CDI R PTS					CDI	R PT	3 0070	D Otto	
Food Temperate	at proper temperature		4000	sils and Ed	urpment food sufaces properly us	ed and constructed		□ 5	· I	Observed	
	ipment for temperature control	0 0 5		cleanable					6045 L	Breakfast	
	g methods used	□ □ 3	4100	Warewashing test strips avail	facilities properly installed ilable and used	, maintained, used;		□   <sub>5</sub>		☐ Lunch ☐ Dinner	
Food Identifica 3100 Proper labeling		0 0 5	4200		ct surfaces maintained, cl		Ö	O 5	Lenen F	Cater	
	g, signage Contamination		4300 Phys	Non-lood — co sical Faciliti	ontact surfaces maintaine	d and clean		□ 3	'	1/Other	
	ts, animals not present; entrance controlled	□ □ 5	4400		erly sized, installed, and	maintained; proper backf	low 🔲	□ 5		~	
3300 Potential food storage, displa	contamination prevented during preparation,	0 0 5	4500	devices, indire	ct drains, no cross-conne ewater properly disposed	ctions	-	□ 5	-		
3400 Wiping cloths	properly used, stored	□ □ 5	4600		properly constructed, sup	plied, cleaned	ō	0 3	ī	<u> </u>	
	Inliness and hygiene tasting, drinking, or tobacco use	0 0 3 0 0 3	4700		se properly disposed; facil		) ]	□ 3	I	.1 <b>.</b> 5	
Proper Use of U			4800	Physical facilit unnecessary p	ies property installed, mai persons excluded from est	ntained, cleaned; lablishment		□ 2	` <b>`</b>		
3700 In-use utensils	properly stored	□ □ 3	4900		ilation, lighting; designate		0	□ 2		olnts	
	ment, linens properly stored, used, handled	□ □ 3 □ □ 3	5000	Posting of peri	mit; mobile establishment	name easily visible		□ 2	1	$\bigcup$	
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 establishment permit may be suspended without warning, notice or hearing if the											
requirements of the food code and/or directives of the health officer are not met or it violations are not corrected in the time stated in this report. The permit will be suspended if an imminent hazard exists or there are 75 of more critical points or if there are 101 or more total points. The health officer will provide an opportunity for an appeal on the validity of a suspension or the findings of an inspection report if a written request is filed with the heal 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 person											
who requests it under Person in Charge	the provision of the Right to Know Law.  MCL/C F- Den Ke					1. J. D.				-	
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(Signature)

Regulatory Authority (Printed Name)

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CCIS		Sa	anitation Su	urvey Report
Food Ir	spection Program		Page .	_2of
Business N	iame:	Operator:		hone:
لمصيل	ty Episcopal Church	Same	(	) HA (35)
Address	S. 11 Q / Q L City	ZIP Sei	at Checkouts	1
General H	ealth Record ID P/E Date	Aba //JO/ EHS	Activity Tir	l ne Travel Time
PR 2			•	
111	TEMPERATURE OF	JUMU/	ı	<b>n</b> m
	Item / Location Temp (°F)	Item / Location	Temp (°F)	Service
	1 - 09-00-0		10	128 Scheduled
Ketry	yercotor 35.9 1800			129 ☐ Return 126 ☐ Fld Pl Rvw
Free:	201 BOTO BO			130 Complaint
				133 Illness / Injury
-				134 Permit Inv.
				136 ☐ Field Education 127 ☐ Pre-Operat.
				106 ☐ HACCP
				Results
	OBSERVATIONS and COP	RRECTION ACTIONS		01 Satisfactory
Item Number	Violations cited in this area must be correc		Points	02 🗀 Unsatisfactory 03 🗀 Complete
				04  ncomplete
				Action
				04 Suspend
				07 Approved
				10 Disapproved
				26 Follow-up Req'd
				Meals Served
				6020 🔲 Breakfast
				6025 🗆 Lunch
				6030 ☐ Dinner 6035 ☐ Cater
				6040 Other
		· ·		OUTO E OUTO
				Meal Observed
				6045 🔲 Breakfast
				6050  Lunch 6055  Dinner
				6060 □ Cater
				6065 Other
				Red Critical Points
				Blue Points
Comments			1	
<del></del>				7.15
				Total Points
requirements of red critical point officer within ter	pection this day, the above items are violations, which must be corrected in the food code and/or directives of the health officer are not met or if violations are or if there are 101 or more total points. The health officer will provide an opport (10) days of the suspension or inspection. The filing of an appeal does not stay under the provision of the Right to Know Law.	re not corrected in the time stated in this report.The perminity for an appeal on the validity of a suspension or the	nit will be suspended if an immin- findings of an inspection report i	ent hazard exists or there are 75 or mor If a written request is filed with the healt
Person in Cha (Printed Nam		(Signature) Med Jo	Dentler 1	7
Regulatory A (Printed Nam	morte F. Dentler, dr hority Alicia Schooley	(Signature)	Shorton	1
L	The second	1 HOUSEN	<u> </u>	