



Date of Inspection: 5/8/14

Facility Name: Carey Candy Co. Phone Number 283-4735 PR ID # 2878
 Facility Site Address: 347 Main St. City: Quincy Zip 95971
 Permit #: 13-2878 Exp Date: 11/1/14 Permit Holder: Amy + Frank Carey Type of Inspection: Routine

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				
✓				
1. Demonstration of knowledge; food safety certification				
Food Safety Cert Name: <u>Amy Carey</u> Exp. Date <u>5/17/16</u>				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
✓				
2. Communicable disease; reporting, restrictions & exclusions				
✓				
3. No discharge from eyes, nose, and mouth				
✓				
4. Proper eating, tasting, drinking or tobacco use				
PREVENTING CONTAMINATION BY HANDS				
✓				
5. Hands clean and properly washed; gloves used properly				
✓				
6. Adequate handwashing facilities supplied & accessible				
TIME AND TEMPERATURE RELATIONSHIPS				
✓				
7. Proper hot and cold holding temperatures				
✓				
8. Time as a public health control; procedures & records				
✓				
9. Proper cooling methods				
✓				
10. Proper cooking time & temperatures				
✓				
11. Proper reheating procedures for hot holding				
PROTECTION FROM CONTAMINATION				
✓				
12. Returned and re-service of food				
✓				
13. Food in good condition, safe and unadulterated				
✓				
14. Food contact surfaces: clean and sanitized				

In	N/O-N/A	COS	MAJ	OUT
FOOD FROM APPROVED SOURCES				
✓				
15. Food obtained from approved source				
✓				
16. Compliance with shell stock tags, condition, display				
✓				
17. Compliance with Gull Oyster Regulations				
CONFORMANCE WITH APPROVED PROCEDURES				
✓				
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				
CONSUMER ADVISORY				
✓				
19. Consumer advisory provided for raw or undercooked foods				
Highly Susceptible Populations				
✓				
20. Licensed health care facilities/ public & private schools; prohibited foods not offered				
WATER/HOT WATER				
✓				
21. Hot and cold water available Temp <u>120°F</u>				
LIQUID WASTE DISPOSAL				
✓				
22. Sewage and wastewater properly disposed				
VERMIN				
✓				
23. No rodents, insects, birds, or animals				

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		

39. Thermometers provided and accurate		OUT
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		

Received by (Print) Amy Carey Title OWNER
 Received by (Signature) [Signature]
 Specialist (Print) Deborah Anderson Specialist (Signature) [Signature] Re-inspection Date: Routine