



Date of Inspection: 12/18/15

Facility Name: Belden Town Resort Phone Number 283-9662 PR ID # 78
 Facility Site Address: 14785 Belden Town Rd City: Belden Zip 95915
 Permit #: 16-140619 Exp Date: 2/1/17 Permit Holder: Ivan Coffman 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>Jody Coffman</u> Exp. Date: <u>8/31/20</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 Gulf 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>140°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) IVAN COFFMAN Title _____
 Received by (Signature) Ivan Coffman
 Specialist (Print) Deborah Anderson Specialist (Signature) Deborah Anderson Re-inspection Date: Routine

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FA ID # 78

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OBSERVATIONS AND CORRECTIVE ACTIONS

(35) Thoroughly clean hood, filters and lights to remove residue.

(45) Thoroughly clean walls and floors at hood.

Received by (Print) JUAN GOFFMAN

Title

Received by (Signature) Juan Goffman

Specialist (Print) Deborah Anderson

Specialist (Signature) Deborah Anderson

Re-inspection Date: Routine