

FOR OFFICE USE ONLY



FOOD - 2958

EMAIL

NAME OF ESTABLISHMENT Elger Bay Elementary School		ADDRESS OR LOCATION 1810 Elger Bay Rd			CITY Camano Island	
MEALS SERVED B <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> O <input checked="" type="checkbox"/>	PURPOSE OF INSPECTION <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Illness Investigation <input type="checkbox"/> Other:	<input type="checkbox"/> Preoperational <input type="checkbox"/> Temporary	<input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint	ESTABLISHMENT TYPE Institutional Fall	RISK CATEGORY 3	
MEALS OBSERVED B <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> O <input checked="" type="checkbox"/>	DATE 11/10/21	TIME IN 11:10 AM	ELAPSED TIME 40 min	TOTAL POINTS 0	RED POINTS 0	REPEAT RED 0

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.

IN = In Compliance OUT = Not In Compliance N/O = Not Observed N/A = Not Applicable CDI = Corrected During Inspection R = Repeat Violation

#	Compliance Status	Description	CDI	R	PTS
Demonstration of Knowledge					
1	IN	PIC certified by accredited program, or compliance with Code, or correct answers	<input type="checkbox"/>	<input type="checkbox"/>	5
2	IN	Food Worker Cards current for all food workers; new food workers trained	<input type="checkbox"/>	<input type="checkbox"/>	5
Employer Health					
3	IN	Proper ill worker and conditional employee practices; no ill workers present; proper reporting of illness	<input type="checkbox"/>	<input type="checkbox"/>	25
Preventing Contamination by Hands					
4	IN	Hands washed as required	<input type="checkbox"/>	<input type="checkbox"/>	25
5	IN	Proper barriers used to prevent bare hand contact with ready-to-eat foods	<input type="checkbox"/>	<input type="checkbox"/>	25
6	IN	Adequate handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>	10
Approved Source, Wholesome, Not Adulterated					
7	IN	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	15
8	IN	Water supply, ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	10
9	IN	Proper washing of fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	10
10	IN	Food in good condition, safe and unadulterated; approved additives	<input type="checkbox"/>	<input type="checkbox"/>	10
11	IN	Proper disposition of returned, previously served, unsafe, or contaminated food	<input type="checkbox"/>	<input type="checkbox"/>	10
12	IN	Proper shellstock ID; wild mushroom ID; parasite destruction procedures for fish	<input type="checkbox"/>	<input type="checkbox"/>	5
Protection from Cross Contamination					
13	IN	Food contact surfaces and utensils used for raw meat thoroughly cleaned and sanitized; no cross contamination	<input type="checkbox"/>	<input type="checkbox"/>	15
14	IN	Raw meats below or away from ready-to-eat food; species separated	<input type="checkbox"/>	<input type="checkbox"/>	5
15	IN	Proper handling of pooled eggs	<input type="checkbox"/>	<input type="checkbox"/>	5
Potentially Hazardous Food Time and Temperature					
16	IN	Proper cooling procedures	<input type="checkbox"/>	<input type="checkbox"/>	25
17	IN	Proper hot holding temperatures (5 pts if 130°F to 134°F)	<input type="checkbox"/>	<input type="checkbox"/>	25 (5)
18	IN	Proper cooking time and temperature; proper use of noncontinuous cooking	<input type="checkbox"/>	<input type="checkbox"/>	25
19	IN	No room temperature storage; proper use of time as a control	<input type="checkbox"/>	<input type="checkbox"/>	25
20	IN	Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	15
21	IN	Proper cold holding temperatures (5 pts if 42°F to 45°F)	<input type="checkbox"/>	<input type="checkbox"/>	10 (5)
22	IN	Accurate thermometer provided and used to evaluate temperature of PHFs	<input type="checkbox"/>	<input type="checkbox"/>	5
Consumer Advisory					
23	IN	Proper Consumer Advisory posted for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	5
Highly Susceptible Populations					
24	IN	Pasteurized foods used as required; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	10
Chemical					
25	IN	Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>	10
Conformance with Approved Procedure					
26	IN	Compliance with risk control plan, variance, plan of operation; valid permit; approved procedures for noncontinuous cooking	<input type="checkbox"/>	<input type="checkbox"/>	10
27	IN	Variance obtained for specialized processing methods (e.g., ROP)	<input type="checkbox"/>	<input type="checkbox"/>	10
					Red Points 0

BLUE/LOW RISK FACTORS

Low Risk Factors are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods. Circled points indicate items not in compliance.

#	Description	CDI	R	PTS
Food Temperature Control				
28	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	5
29	Adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	5
30	Proper thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	3
Food Identification				
31	Food properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	5
Protection from Contamination				
32	Insects, rodents, animals not present; entrance controlled	<input type="checkbox"/>	<input type="checkbox"/>	5
33	Potential food contamination prevented during delivery, preparation, storage, display	<input type="checkbox"/>	<input type="checkbox"/>	5
34	Wiping cloths properly used, stored; proper sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	5
35	Employee cleanliness and hygiene	<input type="checkbox"/>	<input type="checkbox"/>	3
36	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	3
Proper Use of Utensils				
37	In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	3
38	Utensils, equipment, linens properly stored, used, handled	<input type="checkbox"/>	<input type="checkbox"/>	3
39	Single-use and single-service articles properly stored, used	<input type="checkbox"/>	<input type="checkbox"/>	3
Utensils and Equipment				
40	Food and nonfood surfaces properly used and constructed; cleanable	<input type="checkbox"/>	<input type="checkbox"/>	5
41	Warewashing facilities properly installed, maintained, used; test strips available and used	<input type="checkbox"/>	<input type="checkbox"/>	5
42	Food-contact surfaces maintained, cleaned, sanitized	<input type="checkbox"/>	<input type="checkbox"/>	5
43	Nonfood-contact surfaces maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>	3
Physical Facilities				
44	Plumbing properly sized, installed, and maintained; proper backflow devices, indirect drains; no cross-connections	<input type="checkbox"/>	<input type="checkbox"/>	5
45	Sewage, wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	5
46	Toilet facilities properly constructed, supplied, cleaned	<input type="checkbox"/>	<input type="checkbox"/>	3
47	Garbage, refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	3
48	Physical facilities properly installed, maintained, cleaned; unnecessary persons excluded from establishment	<input type="checkbox"/>	<input type="checkbox"/>	2
49	Adequate ventilation, lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	2
50	Posting of permit; mobile establishment name easily visible	<input type="checkbox"/>	<input type="checkbox"/>	2
				Blue Points 0

Use the following blank lines to write comments.

Person In Charge (Signature) <i>Lynn Brandt</i>	Person In Charge (Print Name) Lynn Brandt	Date 11/10/21
Regulatory Authority (Signature) <i>Alisa Swanson</i>	Regulatory Authority (Print Name) Alisa Swanson	Follow-up Needed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

