

ALABAMA DEPARTMENT OF PUBLIC HEALTH FOOD ESTABLISHMENT / RETAIL FOOD STORE INSPECTION REPORT

Delta 13

COUNTY HEALTH DEPARTMENT

SCORE

98

LEGAL NOTICE TO THE PROPRIETOR OR MANAGER: You are respectfully notified of such violations of the Alabama State Board of Health Rules for Food Establishment Sanitation as are indicated by a circle in the Inspection Report. This report constitutes as official notice to comply with Chapter 420-3-22 of the aforesaid Rules within a period of _____ days. Failure to comply with this notice may result in cessation of food service food store operations.

ESTABLISHMENT NAME <i>Williams Ave School</i>				OWNER OR MANAGER NAME <i>Fort Payne City Bd of Ed</i>			
PHYSICAL ADDRESS <i>1700 Williams Ave NE Fort Payne</i>				ZIP CODE			
PERMIT NUMBER <i>S-115</i>	MO. <i>1</i>	DAY <i>03</i>	YR <i>16</i>	INSP. TIME <i>OUT</i>	PERMIT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PRIORITY CAT. <i>3</i>	COMPLIANCE VISIT / INSP. REQUIRED NO <input type="checkbox"/>

MANAGEMENT AND PERSONNEL

03	No discharges from eyes, nose, mouth. No eating, drinking, tobacco use. Clean clothes; Hair restraints. Other.	2
04	Properly POSTED PERMIT; Report, Other	1

FOOD

	<i>Sausage 1/4oz Mac/cheese 1/4oz Beans 1/4oz Salad 1/2oz Tomatoes 1/4oz</i>	
11	Properly labeled; Original container. Code date limits. C.O.O.L. Requirements; Catfish; Seafood	1
12	APPROVED Procedures; Thawing, Cooking, Other	1
13	Food contamination prevented during storage, preparation, other	1
14	In Use, BETWEEN Use, Food/Ice Dispensing Utensils Properly Stored	1

EQUIPMENT, UTENSILS, AND LINENS

	<i>200 ppm</i>	
17	COOKING Surfaces, <u>Non-Food Contact Surfaces</u> <u>CLEAN</u> Frequency; Methods	1
18	FOOD (ICE), Non-food Contact Surfaces; Equipment, Constructed, Cleanable, Installed, Located. Thermometers; DISH Machine Unit	1
19	Warewashing facilities; Designed, Constructed, Maintained, Installed located, Operated. Accurate Thermometers, CHEMICAL TEST PAPERS	1
20	Linens Properly STORED, DRIED, HANDLED. Laundry Facilities Used.	1
21	Wiping Cloths; CLEAN, USE LIMITATIONS, STORED	1
22	Clean Equipment, Utensils; Stored, Handled, Dried	1
23	Single Service articles; Stored, Dispensed, wrapped, Use Limitation	1

RECEIVED BY

NAME: <i>Margie Phillips</i>
TITLE: <i>CNP manager</i>

WATER, PLUMBING AND WASTE

	Plumbing: Fixtures clean, designed, operated, maintained.	
28	Service sink provided. Handwashing signage. Toilet rooms constructed. Toilets; Number, Location. Other liquid wastes properly disposed.	1
29	Refuse, Recyclables, and Returnables. Outdoor / Indoor STORAGE area APPROVED. Receptacles provided; COVERED, APPROVED Refuse Disposal Method.	1

PHYSICAL FACILITIES

	Pest Control methods approved, used. Pest control devices serviced as required. Non-toxic Tracking Powder.	1
32	Maintaining premises; Free of Litter and unnecessary items, harborage.	1
33	Floors, Walls, Ceilings. ATTACHED Equipment; CLEAN. Outer openings Protected. Surface characteristics, indoor, outdoor; Maintained	2
34	Cleaning frequency, dustless methods. Absorbent floor materials Properly Used.	1
35	Lighting, Ventilation; ADEQUATE, Ventilation System (Filters) Clean, Operated. LIGHTS SHIELDED	1
36	Dressing Rooms Provided. EMPLOYEE DESIGNATED AREAS properly located. Living / Sleeping quarters Separation	1
37	CLEANING, Maintenance Tools Properly Stores	1

POISONOUS OR TOXIC MATERIALS

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REMARKS:

INSPECTED BY:

NAME: <i>Wade A Bobo</i>
<i>[Signature]</i>