

ALABAMA DEPARTMENT OF PUBLIC HEALTH

FOOD ESTABLISHMENT / RETAIL FOOD STORE INSPECTION REPORT

Pekn/b

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 an 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

Fort Payne Middle School

OWNER OR MANAGER NAME

Fort Payne City Bd of Ed

ADDRESS

4910 Martin Ave

Fort Payne AL

ZIP CODE

| PERMIT NUMBER | MO. | DAY | YEAR | INSP. TIME | PERMITTED | PRIORITY CAT. | COMPLIANCE VISIT/ INSP. REQUIRED | NO. OF P/Pf ITEMS |
|---------------|-----------|-----------|-----------|------------|--|---------------|--|----------------------|
| <i>S-118</i> | <i>11</i> | <i>29</i> | <i>17</i> | IN OUT | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | <i>3</i> | YES <input type="checkbox"/> NO <input type="checkbox"/> | <i>6</i> |

PRIORITY (*) AND PRIORITY FOUNDATION ITEMS REQUIRE IMMEDIATE ACTION

MANAGEMENT AND PERSONNEL

| | | |
|----|--|---|
| 1* | Personnel with infections restricted, excluded. Hands clean, properly washed. No bare hand contact. Commissary used. | 5 |
| 2 | Assignment of Person in Charge. Approved course. Authorized personnel. Nails. Permit category restrictions. | 4 |
| 3 | No discharges from eyes, nose, mouth. No eating, drinking, tobacco use. Clean clothes; Hair restraints. Other. | 2 |
| 4 | Properly posted: permit, report, other. | 1 |

FOOD

| | | |
|----|---|---|
| 5* | Safe; Source; Not adulterated; Food separated, protected from contamination. Tasting. Returned, reservice of food; Disposition. | 5 |
| 6* | Time/Temperature Control for Safety (TCS) food meets temperature requirements during receiving, cooking and holding, cooling. Pasteurized eggs used, if required. Non-Continuous Cooking (NCC). | 5 |
| 7* | TCS food meets temperature requirements during cold holding. Time as a public health control. Compliance with approved plan. Juice. | 5 |
| 8 | Condition. Segregation. Handling. Receiving frozen foods. Date marking. Required documentation: ROP, Variance, HACCP, NCC, other. | 4 |
| 9 | Methods: cooling, facilities, plant food cooking. | 4 |
| 10 | Consumer advisory. Juice warning; Allergen label. Shellstock tags; Records. | 4 |
| 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

| | | |
|-----|---|---|
| 15* | Equipment; food contact surfaces (non-cooking); Cleaned; Sanitized. Sanitization: temperature, concentration, time. | 5 |
| 16 | Food contact surfaces: Cleanability; Clean to sight & touch. Food thermometers: provided, accurate. Warewashing facilities: designed, irreversible registering temperature indicator, and chemical test papers. | 4 |
| 17 | Cooking surfaces, non-food contact surfaces: clean. Frequency; Methods. | 1 |
| 18 | Food (ice), Non-food contact surfaces: equipment, constructed, cleanable, installed, located. Thermometers: cold and hot holding units. | 1 |
| 19 | Warewashing facilities: constructed, maintained, installed, located, operated. Thermometers: dish machine units. | 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 |

WATER, PLUMBING, AND WASTE

| | | |
|-----|---|---|
| 24* | Water: source, quality. System: approved. | 5 |
| 25* | Sewage, grease disposal: system approved; Flushed. | 5 |
| 26* | Cross connection; Back siphonage; Backflow. | 5 |
| 27 | Water: pressure, capacity, sampling. Alternative water supply. Handwashing facilities: number, location, accessible, soap, towels/drying devices. Toilet tissue. | 4 |
| 28 | Plumbing: fixtures clean, designed, operated, maintained. 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

| | | |
|----|--|---|
| 30 | Food contamination from cleaning equipment prevented. | 4 |
| 31 | Presence of insects, rodents, other pests. Animals prohibited. | 4 |
| 32 | Pests control methods approved, used. Pest control devices serviced as required. Non-toxic tracking powder. | 1 |
| 33 | Maintaining premises: free of litter and unnecessary items, harborage. | 1 |
| 34 | Floors, walls, ceilings, attached equipment: clean. Outer openings protected. Surface characteristics, indoor, outdoor: maintained. Cleaning frequency, dustless methods. Absorbent floor materials properly used. | 2 |
| 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 stored. | 1 |

POISONOUS OR TOXIC MATERIALS

| | | |
|-----|---|---|
| 38* | Toxic or poisonous items; Medicines; First aid materials: stored, labeled, used. Other personal care items: stored, labeled. Toxic or poisonous materials separation. | 5 |
|-----|---|---|

REMARKS:

RECEIVED BY:

Name:

L. Katie Barad

Title:

INSPECTED BY:

Name:

John St