

**Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report**

INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	D	6/9/2016	CHODE
Follow-up	<input checked="" type="checkbox"/>			TIME IN	TIME OUT
Complaint			RATING	10:00	1:50 pm
Investigation			A	SANITARY PERMIT NO.	PERMIT HOLDER
Other:				150002918	CHODE INCORPORATED
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
RETAIL			8	4771524	0
					No. of Repeat Risk Factor/Intervention Violations
					0
					RISK CATEGORY
					2

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status		COS	R	PTS	Compliance Status		COS	R	PTS
Supervision									
1	<input checked="" type="checkbox"/> OUT			6					
		Person in charge present, demonstrates knowledge, and performance duties							
Employee Health									
2	<input checked="" type="checkbox"/> IN			6					
		Management awareness; policy present							
3	<input checked="" type="checkbox"/> OUT			6					
		Proper use of reporting, restriction & exclusion							
Good Hygienic Practices									
4	<input checked="" type="checkbox"/> IN			6					
		Proper eating, tasting, drinking, betelnut, or tobacco use							
5	<input checked="" type="checkbox"/> IN			6					
		No discharge from eyes, nose, and mouth							
Preventing Contamination by Hands									
6	<input checked="" type="checkbox"/> IN			6					
		Hands clean and properly washed							
7	<input checked="" type="checkbox"/> IN			6					
		No bare hand contact with ready-to-eat foods or approved alternate method properly followed							
8	<input checked="" type="checkbox"/> IN			6					
		Adequate handwashing facilities supplied & accessible							
Approved Source									
9	<input checked="" type="checkbox"/> IN			6					
		Food obtained from approved source							
10	<input checked="" type="checkbox"/> IN			6					
		Food received at proper temperature							
11	<input checked="" type="checkbox"/> IN			6					
		Food in good condition, safe, and unadulterated							
12	<input checked="" type="checkbox"/> IN			6					
		Required records available: shellstock tags, parasite destruction							
Protection from Contamination									
13	<input checked="" type="checkbox"/> IN			6					
		Food separated and protected							
14	<input checked="" type="checkbox"/> IN			6					
		Food contact surfaces: cleaned & sanitized							
15	<input checked="" type="checkbox"/> IN			6					
		Proper disposition of returned, previously served, reconditioned, and unsafe food							
Potentially Hazardous Food (TCS Food)									
16	<input checked="" type="checkbox"/> IN			6					
		Proper cooking time and temperatures							
17	<input checked="" type="checkbox"/> IN			6					
		Proper reheating procedures for hot holding							
18	<input checked="" type="checkbox"/> IN			6					
		Proper cooling time and temperature							
19	<input checked="" type="checkbox"/> IN			6					
		Proper hot holding temperatures							
20	<input checked="" type="checkbox"/> IN			6					
		Proper cold holding temperatures							
21	<input checked="" type="checkbox"/> IN			6					
		Proper date marking and disposition							
Consumer Advisory									
22	<input checked="" type="checkbox"/> IN			6					
		Consumer Advisory provided for raw or undercooked foods							
Highly Susceptible Populations									
23	<input checked="" type="checkbox"/> IN			6					
		Pasteurized Foods used; prohibited foods not offered							
Chemical									
24	<input checked="" type="checkbox"/> IN			6					
		Food additives: approved and properly used							
25	<input checked="" type="checkbox"/> IN			6					
		Toxic substances properly identified, stored, used							
Conformance with Approved Procedures									
26	<input checked="" type="checkbox"/> IN			6					
		Compliance with variance, specialized process, and HACCP plan							

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status		COS	R	PTS	Compliance Status		COS	R	PTS
Safe Food and Water									
27	<input checked="" type="checkbox"/>			1					
		Pasteurized eggs used where required							
28	<input checked="" type="checkbox"/>			2					
		Water and Ice from approved source							
29	<input checked="" type="checkbox"/>			1					
		Variance obtained for specialized processing methods							
Food Temperature Control									
30	<input checked="" type="checkbox"/>			1					
		Proper cooling methods used; adequate equipment for temperature control							
31	<input checked="" type="checkbox"/>			1					
		Plant food properly cooked for hot holding							
32	<input checked="" type="checkbox"/>			1					
		Approved thawing methods used							
33	<input checked="" type="checkbox"/>			1					
		Thermometer provided and accurate							
Food Identification									
34	<input checked="" type="checkbox"/>			1					
		Food properly labeled; original container							
Prevention of Food Contamination									
35	<input checked="" type="checkbox"/>			2					
		Insects, rodents, and animals not present							
36	<input checked="" type="checkbox"/>			1					
		Contamination prevented during food preparation, storage & display							
37	<input checked="" type="checkbox"/>			1					
		Personal cleanliness							
38	<input checked="" type="checkbox"/>			1					
		Wiping cloths: properly used and stored							
39	<input checked="" type="checkbox"/>			1					
		Washing fruits and vegetables							
Proper Use of Utensils									
40	<input checked="" type="checkbox"/>			1					
		In-use utensils: properly stored							
41	<input checked="" type="checkbox"/>			1					
		Utensils, equipment and linens: properly stored, dried, handled							
42	<input checked="" type="checkbox"/>			1					
		Single-use/single-service articles: properly stored, used							
43	<input checked="" type="checkbox"/>			1					
		Gloves used properly							
Utensils, Equipment and Vending									
44	<input checked="" type="checkbox"/>			1					
		Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used							
45	<input checked="" type="checkbox"/>			1					
		Warewashing facilities: installed, maintained, used; test strips							
46	<input checked="" type="checkbox"/>			1					
		Nonfood-contact surfaces clean							
Physical Facilities									
47	<input checked="" type="checkbox"/>			2					
		Hot & cold water available, adequate pressure							
48	<input checked="" type="checkbox"/>			2					
		Plumbing installed; proper backflow devices							
49	<input checked="" type="checkbox"/>			2					
		Sewage and wastewater properly disposed							
50	<input checked="" type="checkbox"/>			2					
		Toilet facilities: properly constructed, supplied, & cleaned							
51	<input checked="" type="checkbox"/>			2					
		Garbage/refuse properly disposed; facilities maintained							
52	<input checked="" type="checkbox"/>			1					
		Physical facilities installed, maintained, and clean							
53	<input checked="" type="checkbox"/>			1					
		Adequate ventilation and lighting: designated areas use							

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) PETERINE KAMAHEA Retexing Kamaha	Date: 6/9/16	
DEH Inspector (Print and Sign) J. GARCIA EPHO	Follow-up (Circle one): YES NO	Follow-up Date

