

**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"/> | O | 3/25/16 | DEDEDO MARTINEZ KITCHENETTE |
| Follow-up | | <input checked="" type="checkbox"/> | | TIME IN | TIME OUT |
| Complaint | | <input checked="" type="checkbox"/> | RATING | 4:00p | 4:50pm |
| Investigation | | <input checked="" type="checkbox"/> | A | SANITARY PERMIT NO. | LOCATION (Address) |
| Other: | | | | 150001519 | SAUSPURY ST. DEDEDO |
| ESTABLISHMENT TYPE | | AREA | TELEPHONE | No. of Risk Factor/Intervention Violations | RISK CATEGORY |
| RESTAURANT | | 1 | 1032-7734 | 0 | 3 |

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 |
|---|---|-----|---|-----|
| Supervision | | | | |
| 1 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | | | 6 |
| Person in charge present, demonstrates knowledge, and performance duties | | | | |
| Employee Health | | | | |
| 2 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | | | 6 |
| Management awareness; policy present | | | | |
| 3 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | | | 6 |
| Proper use of reporting, restriction & exclusion | | | | |
| Good Hygienic Practices | | | | |
| 4 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | | | 6 |
| Proper eating, tasting, drinking, betelnut, or tobacco use | | | | |
| 5 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | | | 6 |
| No discharge from eyes, nose, and mouth | | | | |
| Preventing Contamination by Hands | | | | |
| 6 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | | | 6 |
| Hands clean and properly washed | | | | |
| 7 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | | | 6 |
| No bare hand contact with ready-to-eat foods or approved alternate method properly followed | | | | |
| 8 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | | | 6 |
| Adequate handwashing facilities supplied & accessible | | | | |
| Approved Source | | | | |
| 9 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | | | 6 |
| Food obtained from approved source | | | | |
| 10 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | | | 6 |
| Food received at proper temperature | | | | |
| 11 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | | | 6 |
| Food in good condition, safe, and unadulterated | | | | |
| 12 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | | | 6 |
| Required records available: shellstock tags, parasite destruction | | | | |
| Protection from Contamination | | | | |
| 13 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A | | | 6 |
| Food separated and protected | | | | |
| 14 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A | | | 6 |
| Food contact surfaces: cleaned & sanitized | | | | |
| 15 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | | | 6 |
| Proper disposition of returned, previously served, reconditioned, and unsafe food | | | | |

| Compliance Status | | COS | R | PTS |
|---|---|-----|---|-----|
| Potentially Hazardous Food (TCS Food) | | | | |
| 16 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | | | 6 |
| Proper cooking time and temperatures | | | | |
| 17 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | | | 6 |
| Proper reheating procedures for hot holding | | | | |
| 18 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | | | 6 |
| Proper cooling time and temperature | | | | |
| 19 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | | | 6 |
| Proper hot holding temperatures | | | | |
| 20 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A | | | 6 |
| Proper cold holding temperatures | | | | |
| 21 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O | | | 6 |
| Proper date marking and disposition | | | | |
| Consumer Advisory | | | | |
| 22 | <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A | | | 6 |
| Consumer Advisory provided for raw or undercooked foods | | | | |
| Highly Susceptible Populations | | | | |
| 23 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A | | | 6 |
| Pasteurized Foods used; prohibited foods not offered | | | | |
| Chemical | | | | |
| 24 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A | | | 6 |
| Food additives: approved and properly used | | | | |
| 25 | <input checked="" type="radio"/> IN <input type="radio"/> OUT | | | 6 |
| Toxic substances properly identified, stored, used | | | | |
| Conformance with Approved Procedures | | | | |
| 26 | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A | | | 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 |
|---|--------------------------|-----|---|-----|
| Safe Food and Water | | | | |
| 27 | <input type="checkbox"/> | | | 1 |
| Pasteurized eggs used where required | | | | |
| 28 | <input type="checkbox"/> | | | 2 |
| Water and Ice from approved source | | | | |
| 29 | <input type="checkbox"/> | | | 1 |
| Variance obtained for specialized processing methods | | | | |
| Food Temperature Control | | | | |
| 30 | <input type="checkbox"/> | | | 1 |
| Proper cooling methods used; adequate equipment for temperature control | | | | |
| 31 | <input type="checkbox"/> | | | 1 |
| Plant food properly cooked for hot holding | | | | |
| 32 | <input type="checkbox"/> | | | 1 |
| Approved thawing methods used | | | | |
| 33 | <input type="checkbox"/> | | | 1 |
| Thermometer provided and accurate | | | | |
| Food Identification | | | | |
| 34 | <input type="checkbox"/> | | | 1 |
| Food properly labeled; original container | | | | |
| Prevention of Food Contamination | | | | |
| 35 | <input type="checkbox"/> | | | 2 |
| Insects, rodents, and animals not present | | | | |
| 36 | <input type="checkbox"/> | | | 1 |
| Contamination prevented during food preparation, storage & display | | | | |
| 37 | <input type="checkbox"/> | | | 1 |
| Personal cleanliness | | | | |
| 38 | <input type="checkbox"/> | | | 1 |
| Wiping cloths: properly used and stored | | | | |
| 39 | <input type="checkbox"/> | | | 1 |
| Washing fruits and vegetables | | | | |

| Compliance Status | | COS | R | PTS |
|---|--------------------------|-----|---|-----|
| Proper Use of Utensils | | | | |
| 40 | <input type="checkbox"/> | | | 1 |
| In-use utensils: properly stored | | | | |
| 41 | <input type="checkbox"/> | | | 1 |
| Utensils, equipment and linens: properly stored, dried, handled | | | | |
| 42 | <input type="checkbox"/> | | | 1 |
| Single-use/single-service articles: properly stored, used | | | | |
| 43 | <input type="checkbox"/> | | | 1 |
| Gloves used properly | | | | |
| Utensils, Equipment and Vending | | | | |
| 44 | <input type="checkbox"/> | | | 1 |
| Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | | | |
| 45 | <input type="checkbox"/> | | | 1 |
| Warewashing facilities: installed, maintained, used; test strips | | | | |
| 46 | <input type="checkbox"/> | | | 1 |
| Nonfood-contact surfaces clean | | | | |
| Physical Facilities | | | | |
| 47 | <input type="checkbox"/> | | | 2 |
| Hot & cold water available, adequate pressure | | | | |
| 48 | <input type="checkbox"/> | | | 2 |
| Plumbing installed; proper backflow devices | | | | |
| 49 | <input type="checkbox"/> | | | 2 |
| Sewage and wastewater properly disposed | | | | |
| 50 | <input type="checkbox"/> | | | 2 |
| Toilet facilities: properly constructed, supplied, & cleaned | | | | |
| 51 | <input type="checkbox"/> | | | 2 |
| Garbage/refuse properly disposed; facilities maintained | | | | |
| 52 | <input type="checkbox"/> | | | 1 |
| Physical facilities installed, maintained, and clean | | | | |
| 53 | <input 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) <u>REN JIE SHUN</u> | Date: <u>3/25/16</u> |
| DEH Inspector (Print and Sign) <u>CATHERINE BUENAS, EPHO I</u> | Follow-up (Circle one): YES <input type="radio"/> NO <input checked="" type="radio"/> Follow-up Date: _____ |

