

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

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME	
Regular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6 A	8 / 24 / 17	HONOLULU COOKIE COMPANY	
Follow-up	<input type="checkbox"/>	<input type="checkbox"/>		TIME IN	TIME OUT	PERMIT HOLDER
Complaint	<input type="checkbox"/>	<input type="checkbox"/>		1:15 PM	2:15 PM	IKES CREATIONS INC.
Investigation	<input type="checkbox"/>	<input type="checkbox"/>		SANITARY PERMIT NO.		LOCATION (Address)
Other:	<input type="checkbox"/>	<input type="checkbox"/>		170001466	MICRONESIA MALL #171 LOT 5047-1-2 NEW 1048 W MARINE CORPS DR. PEARO.	
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	
RETAIL			1	300-9029	1	
					No. of Repeat Risk Factor/Intervention Violations	
					N/A	
					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
Supervision					
1	<input checked="" type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performance duties			6
Employee Health					
2	<input checked="" type="radio"/> OUT	Management awareness; policy present			6
3	<input checked="" type="radio"/> OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices					
4	<input checked="" type="radio"/> OUT	Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	<input checked="" type="radio"/> OUT	No discharge from eyes, nose, and mouth			6
Preventing Contamination by Hands					
6	<input checked="" type="radio"/> OUT	Hands clean and properly washed			6
7	<input checked="" type="radio"/> OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6
8	<input checked="" type="radio"/> OUT	Adequate handwashing facilities supplied & accessible			6
Approved Source					
9	<input checked="" type="radio"/> OUT	Food obtained from approved source			6
10	<input checked="" type="radio"/> OUT	Food received at proper temperature			6
11	<input checked="" type="radio"/> OUT	Food in good condition, safe, and unadulterated			6
12	<input checked="" type="radio"/> OUT	Required records available: shellstock tags, parasite destruction			6
Protection from Contamination					
13	<input checked="" type="radio"/> OUT	Food separated and protected			6
14	<input checked="" type="radio"/> OUT	Food contact surfaces: cleaned & sanitized			6
15	<input checked="" type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6
Potentially Hazardous Food (TCS Food)					
16	<input checked="" type="radio"/> OUT	Proper cooking time and temperatures			6
17	<input checked="" type="radio"/> OUT	Proper reheating procedures for hot holding			6
18	<input checked="" type="radio"/> OUT	Proper cooling time and temperature			6
19	<input checked="" type="radio"/> OUT	Proper hot holding temperatures			6
20	<input checked="" type="radio"/> OUT	Proper cold holding temperatures			6
21	<input checked="" type="radio"/> OUT	Proper date marking and disposition			6
Consumer Advisory					
22	<input checked="" type="radio"/> OUT	Consumer Advisory provided for raw or undercooked foods			6
Highly Susceptible Populations					
23	<input checked="" type="radio"/> OUT	Pasteurized Foods used; prohibited foods not offered			6
Chemical					
24	<input checked="" type="radio"/> OUT	Food additives: approved and properly used			6
25	<input checked="" type="radio"/> OUT	Toxic substances properly identified, stored, used			6
Conformance with Approved Procedures					
26	<input checked="" type="radio"/> OUT	Compliance with variance, specialized process, and HACCP plan			6

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

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) <i>Jule Shimizu</i>	Date: 8/24/17	
DEH Inspector (Print and Sign) <i>J. CRUZ</i>	Follow-up (Circle one): <input checked="" type="radio"/> YES <input type="radio"/> NO	Follow-up Date 9/3/17

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TEMPERATURE OBSERVATIONS

White: DPHSS/DEH Yellow: Food Establishment