

REMOVED NO. 02110
 SEEN & POSTED NO. 02801

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	✓	✓	0	08 / 20 / 2020		KOOK, ESTER (SAN JOSE MARKET)	
Follow-up				TIME IN	TIME OUT	PERMIT HOLDER	
Complaint			RATING	10:45 AM	4:45 PM	KOOK, ESTER	
Investigation			A	SANITARY PERMIT NO.		LOCATION (Address)	
Other:				200700738		LOT 1125-RSNEW-RS #601 ROUTE 8, MATTE	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
VENDING BEVERAGE MACHINE				4	472-1180	0	1
						No. of Repeat Risk Factor/Intervention Violations	
						0	

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

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

Compliance Status				COS	R	PTS
Proper Use of Utensils						
40						1
In-use utensils: properly stored						
41						1
Utensils, equipment and linens: properly stored, dried, handled						
42						1
Single-use/single-service articles: properly stored, used						
43						1
Gloves used properly						
Utensils, Equipment and Vending						
44						1
Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used						
45						1
Warewashing facilities: installed, maintained, used; test strips						
46						1
Nonfood-contact surfaces clean						
Physical Facilities						
47						2
Hot & cold water available, adequate pressure						
48						2
Plumbing installed; proper backflow devices						
49						2
Sewage and wastewater properly disposed						
50						2
Toilet facilities: properly constructed, supplied, & cleaned						
51						2
Garbage/refuse properly disposed; facilities maintained						
52						1
Physical facilities installed, maintained, and clean						
53						1
Adequate ventilation and lighting; designated areas use						
Documents and Placards						
54						2
Sanitary Permit, Health Certificates valid and posted						

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)

High: [Signature]

DEH Inspector (Print and Sign)

V. P. [Signature]

Date:

08/20/2020

Follow-up (Circle one):

YES NO

Follow-up Date

N/A