



# MOBILE COUNTY HEALTH DEPARTMENT

## FOOD SERVICE ESTABLISHMENT INSPECTION REPORT

### ALABAMA DEPARTMENT OF PUBLIC HEALTH

SCORE 97

**NOTICE TO THE OWNER OR MANAGER** You are respectfully notified of such violations of the Alabama State Board of Health Rules for Food Establishment Sanitation as are indicated on the Inspection Report. This report constitutes an official notice to comply with Chapter 420-3-22 of the aforesaid Rules within a period of 90 days. Failure to comply with this notice may result in cessation of operations. Critical items require immediate action.

ESTABLISHMENT NAME <u>WINTERBURN ELEMENTARY SCHOOL CAPETERIA</u>				OWNER OR MANAGER NAME <u>MOPSIS</u>			
ADDRESS <u>528 CAPTAIN LEON ROBERTS STREET PRICHARD, AL</u>						ZIP CODE <u>36610</u>	
PERMIT NUMBER <u>490106</u>	MO <u>01</u>	DAY <u>20</u>	YEAR <u>2017</u>	TIME IN <u>1145</u>	TIME OUT <u>1225</u>	TYPE OF INSPECTION <input checked="" type="checkbox"/> 1-REGULAR <input type="checkbox"/> 3-TEMPORARY <input type="checkbox"/> 2-SPECIAL <input type="checkbox"/> 4-CLOSE-OUT	
GRID <u>712</u>	INSP # <u>39</u>	PRIORITY CATEGORY <u>3</u>	PERMITTED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SMOKE FREE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TRANS FAT <input type="checkbox"/> Yes <input type="checkbox"/> No	LEGAL NOTICE <input type="checkbox"/> Yes <input type="checkbox"/> No	NO. OF CRITICAL ITEMS <u>    </u>

MANAGEMENT AND PERSONNEL		
11	Assignment of Person in Charge. Commissary used. Personnel with infections restricted, excluded. Discharges from eyes, nose, mouth.	5
12	Hands clean: properly washed. Bare hand contact, approved alternative. Eating, drinking, tobacco use.	5
13	Demonstration of knowledge. Approved course, other requirements met. Certified Manager. Food or Food/Beverage Handler Card.	5
14	Clean clothes. Hair restraints. Nails. Authorized personnel; other.	1
TEMPERATURE CONTROL		
JOB <u>HOT DOGS 140°F CHILI 130°F</u>		
15	Safe. Source. Condition. Adulterated. Shellstock tags. Compliance with plan/ROP. Other.	5
16	Potentially hazardous food meets temperature requirements during receiving, cooking, hot holding, cooling. Pasteurized eggs used, if required.	5
17	Potentially hazardous food meets temperature requirements during cold holding. Time as a public health control. Consumer advisory, if required. Date marking. <u>Gleisaw 38°F</u>	5
18	Food separated, protected from contamination. Tasting. Returned, reservice of food.	5
19	Cooling methods. Facilities to maintain product temperature. Plant food cooking.	1
20	Properly labeled. Original container. Records. Code date limits. C.O.O.L. requirements; Catfish; seafood	1
21	Thermometers provided, accurate, conspicuous.	1
22	Approved thawing methods used.	1
23	Food contamination prevented during storage, preparation, display, handling, other.	1
24	In use, between use, food/ice dispensing utensils properly stored.	1

WATER, PLUMBING AND WASTE		
*24	Water: source, quality, capacity. System approved	4
*25	Sewage, grease disposal: system approved. Flushed (mobile).	4
*26	Cross connection, back siphonage, backflow.	4
*27	Handwashing facilities, toilets: Number, location, accessible.	4
*28	Water waste disposal. Service sink provided. Approved (fixtures), materials, design, operation, maintenance. Other liquid wastes properly disposed.	1
29	Handwashing facilities: Soap, towels/drying device, sign, use restrictions	2
30	Toilet rooms: locked, supplied. Clean	1
31	Refuse, recycling and returnables. Indoor/indoor storage area approved. Receptacles provided, covered, clean. Approved refuse disposal method.	1

HYGIENE FACILITIES		
*32	Food contamination from cleaning equipment prevented.	4
*33	Presence of insects, rodents, birds, pests. Animals prohibited.	4
34	Pest control methods approved. Pest control devices serviced as required.	1
35	Premises maintained, free of unnecessary articles, harborage.	1
*36	Floor, walls, ceilings, attached equipment clean. Outer opening protected. Surface characteristics, indoor, outdoor maintained. Cleaning frequency, dustless methods. Floor materials.	2
37	Lighting ventilation adequate. Lighting provided. Ventilation systems (filters) clean, operated.	1
38	Dressing rooms provided. Living/sleeping quarters separation. Employee designating areas properly located.	1
39	Cleaning and maintenance tools properly stored.	1

POISONOUS OR TOXIC MATERIALS		
*40	Toxic or poisonous items, medicines, first aid materials: stored, labeled, used.	4
41	Other personal care/first aid items, stored, labeled. Toxic or poisonous materials separation. Non-toxic tracking powder.	1

OTHER		
42	Permit, Report. Other properly posted. Administrative requirements. HACCP plan.	1

Inspected By: *John Lutz 690-5116*

Received By: *Charity*

Remarks: DRAINAGE HAD DRAIN COVERED/BUCKETED - CLEAN TO ALLOW STANDING WATER TO DRAIN

PROVIDE WALK-IN COOLER & FREEZER MISSING FLOOR OPENING SCREWS/COVERS