

ALABAMA DEPARTMENT OF PUBLIC HEALTH

FOOD ESTABLISHMENT / RETAIL FOOD STORE INSPECTION REPORT

Dekalb County Health Department

(256) 845-7031

SCORE

97

LEGAL NOTICE TO THE PROPRIETOR OR MANAGER: You are respectfully notified of such violations of the Alabama State Board of Health Rules for Food Establishment Sanitation as are indicated by a circle in the Inspection Report. This report constitutes an official notice to comply with Chapters 420-3-22 of the aforesaid Rules within a period of _____ days. Failure to comply with this notice may result in cessation of food service food store operations.

ESTABLISHMENT NAME

FORT PAYNE HIGH SCHOOL CHILD NUTRITION PRO

OWNER OR MANAGER NAME

Ft Payne City Board of Education Mgr: Susana Orozco

ADDRESS

201 45TH STREET NE FORT PAYNE

Previous Inspection: 11/21/2024

Previous Rating: 96

PERMIT NUMBER

S-120

MO. DAY YEAR

04 16 25

INSP. TIME

OUT

IN

PERMITTED

YES ☒ NO ☐

PRIORITY CAT.

3

COMPLIANCE VISIT/ INSP. REQUIRED

YES ☐ NO ☒

NO. OF P/Pf

ITEMS ☒

School Lunchroom - Public

PRIORITY (*) AND PRIORITY FOUNDATION ITEMS REQUIRE IMMEDIATE ACTION

MANAGEMENT AND PERSONNEL

1	Personnel with infections restricted, excluded. Hands Clean, properly washed. No bare hand contact. Commissary used.	5
2	Assignment of Person in Charge. Approved course. Authorized personnel. Nails. Permit category restrictions.	4
3	No discharges from eyes, nose, mouth. No eating, drinking, tobacco use. Clean clothes. Hair restraints. Other.	2
4	Properly posted: permit, report, other.	1

FOOD

5*	Safe; Source; Not adulterated; Food separated, protected from contamination. Tasting. Returned, reservice of food. Disposition.	5
6*	Time/Temperature Control for Safety (TCS) food meets temperature requirements during receiving, cooking, hot holding, cooling. Pasteurized eggs used if required. Non-Continuous Cooking (NCC) 135°F-139°F	5
7*	TCS food meets temperature requirements during cold holding. Time as a public health control. Compliance with approved plan. Juice utilizing time control for cold	5
8	Condition, Segregation, Handling. Receiving frozen foods. Date Marking. Required documentation: ROP, Variance, HACCP, NCC, other.	4
9	Methods: cooling, facilities, plant food cooking.	4
10	Consumer advisory. Juice warning. Allergen label. Shellstock tags; Records.	4
11	Properly labeled; Original container. Code date limits. C.O.O.L. requirements: Catfish; Seafood.	1
12	Approved procedures: thawing, cooking, other.	1
13	Food contamination prevented during storage, preparation, other.	1
14	In use, between use, food/ice dispensing utensils properly stored.	1

EQUIPMENT, UTENSILS, AND LINENS

15*	Equipment; food contact surfaces (non-cooking); Cleaned; Sanitized. Sanitization: temperature, concentration, time. <input checked="" type="checkbox"/>	5
16	Food contact surfaces: Cleanability; Clean to sight & touch. Food thermometers: provided, accurate. Warewashing facilities: designed, irreversible registering temperature indicator, and chemical test papers. <input checked="" type="checkbox"/>	4
17	Cooking surfaces, non-food contact surfaces: clean. Frequency; Methods. <input checked="" type="checkbox"/>	1
18	Food(ice), Non-food contact surfaces: equipment, constructed, cleanable, installed, located. Thermometers: cold and hot holding units. <input checked="" type="checkbox"/>	1
19	Warewashing facilities: constructed, maintained, installed, located, operated. Thermometers: dish machine units.	1
20	Linens properly: stored, dried, handled. Laundry facilities used.	1
21	Wiping clothes: clean, use limitations, stored.	1
22	Clean equipment, utensils: stored, handled, dried.	1
23	Single service articles: stored, dispensed, wrapped, use limitation.	1

RECEIVED BY:

Name:

Title:

WATER, PLUMBING, AND WASTE

Small Green lid

GREASE TRAP LID SECURED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>		
24*	Water source, quality. System: approved.	5
25*	Sewage, grease disposal system approved, Flushed.	5
26*	Cross connection. Back siphonage. Backflow.	5
27	Water pressure, capacity, sampling. Alternative water supply. Handwashing facilities: number, location, accessible, soap, towels/drying devices. Toilet tissue.	4
28	Plumbing: fixtures clean, designed, operated, maintained. Service sinks provided. Handwashing signage. Toilet rooms constructed. Toilets: number, location. Other liquid wastes properly disposed.	1
29	Refuse, recyclables, and returnables. Outdoor/Indoor storage area approved. Receptacles: provided, covered. Approved refuse disposal method.	1

PHYSICAL FACILITIES

30	Food contamination from cleaning equipment prevented.	4
31	Presence of insects, rodents, other pests. Animals prohibited.	4
32	Pests control methods approved, used. Pest control devices serviced as required. Non-toxic tracking powder.	1
33	Maintaining premises free of litter and unnecessary items, harborage.	1
34	Floors, walls, ceilings, attached equipment: clean. Outer openings protected. Surface characteristics, indoor, outdoor: maintained. Cleaning frequency, dustless methods. Absorbent floor or materials properly used.	2
35	Lighting; Ventilation: adequate. Ventilation system (filters): clean, operated. Lights shielded.	1
36	Dressing rooms provided. Employee designated areas properly located. Living/sleeping quarters separation.	1
37	Cleaning, maintenance tools properly stored.	1

POISONOUS OR TOXIC MATERIALS

38*	Toxic or poisonous items, Medicines; First aid materials: stored, labeled, used. Other personal care items: stored, labeled. Toxic or poisonous materials separation.	5
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REMARKS:

① Discussed date marking day items are taken from freezer/frozen; freezing does not reset the date marking time clock.

INSPECTED BY:

Name:

Beth Cruse