

# ALABAMA DEPARTMENT OF PUBLIC HEALTH

## FOOD ESTABLISHMENT / RETAIL FOOD STORE INSPECTION REPORT

**Dekalb County Health Department**

**(256) 845-7031**

SCORE

96

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 <b>FORT PAYNE MIDDLE SCHOOL CHILD NUTRITION P</b>				OWNER OR MANAGER NAME <b>FORT PAYNE CITY BOARD OF ED. Mgr: Heather Nad</b>			
ADDRESS <b>4910 MARTIN AVENUE NE FORT PAYNE</b>				Previous Inspection: <b>4/23/2024</b>			
				Previous Rating: <b>96</b>			
PERMIT NUMBER <b>S-118</b>	MO. <b>11</b>	DAY <b>05</b>	YEAR <b>24</b>	INSP. TIME OUT <input type="checkbox"/> IN <input type="checkbox"/>	PERMITTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PRIORITY CAT. <b>3</b>	COMPLIANCE VISIT/ INSP. REQUIRED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
						NO. OF P/Pf ITEMS <b>0</b>	

**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

*Temps Good*

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)	5
7*	TCS food meets temperature requirements during cold holding. Time as a public health control. Compliance with approved plan. Juice.	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.	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.	4
17	Cooking surfaces, non-food contact surfaces: clean. Frequency; Methods.	1
18	Food(ice), Non-food contact surfaces: equipment, constructed, cleanable, installed, located. Thermometers: cold and hot holding units	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 metal lid (F)

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*	Grease, 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, towel 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	Prevalence 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 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:

*\* Discussed code date limits vs date marking; transferring all produce received into food safe containers.*

INSPECTED BY:

Name:

Beth Cruse