

ALABAMA DEPARTMENT OF PUBLIC HEALTH

FOOD ESTABLISHMENT / RETAIL FOOD STORE INSPECTION REPORT

Dekalb County Health Department

(256) 845-7031

SCORE **90**

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: 4/12/2022 Previous Rating: 96				
PERMIT NUMBER S-120	MO. 1	DAY 20	YEAR 22	INSP. TIME OUT	PERMITTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PRIORITY CAT.	COMPLIANCE VISIT/ INSP. REQUIRED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NO. OF P/Pf ITEMS 1

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 to 24	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.	

FOOD

5*	Safe; Source. Not adulterated; Food separate, protected from contamination. Tasting. Returned, residue 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.	1
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/dice 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: *[Signature]*
Name: _____
Title: _____

WATER, PLUMBING, AND WASTE

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

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, 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 dented cans
Dumpster lid needs repaired or replaced.
Grease container should be on concrete.
utensils no longer in use should be labeled/separated from in-use utensils.*

INSPECTED BY: *[Signature]*
Name: **Beth Meyers** *[Signature]*
Jessica Cushman *[Signature]*