

ALABAMA DEPARTMENT OF PUBLIC HEALTH

FOOD ESTABLISHMENT / RETAIL FOOD STORE INSPECTION REPORT

Dekalb County Health Department

(256) 845-7031

SCORE

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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

Williams Avenue Elementary

OWNER OR MANAGER NAME

Williams Avenue Elementary Mgr: Tina Broyles

ADDRESS

1700 Williams Ave NE FORT PAYNE

Previous Inspection: 11/14/2022

Previous Rating: 95

PERMIT NUMBER	MO.	DAY	YEAR	INSP. TIME	PERMITTED	PRIORITY CAT.	COMPLIANCE VISIT/ INSP. REQUIRED	NO. OF P/Pf
S-1615	04	19	23	OUT IN	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	3	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ITEMS <input checked="" type="checkbox"/>

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 and protected from contamination. Tasting. Returned, reserve, food. Disposition.	5
6	Time/Temperature Control for Safety (TCS) meets temperature requirements during receiving, cooking, holding, cooling. Pasteurized liquids used if required. Non-Continuous Cooking (NCC)	5
7*	TCS and meets temperature requirements during cold holding. Time as applicable health control. Compliance with approved plan. Juice.	5
8	Condition. Segregation. Handling. Receiving. Open foods. Date Marking. Required documentation: ROP, variance, HACCP, NCC, other.	4
9	Methods: cooling, facilities, plant food cooking.	1
10	Consumer advisory. Juice warning; Allergen label. Shellstock tags; Records.	1
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: *Tina Broyles*
Title: *Lead CHS Manager*

ADPH-FLP-103

WATER, PLUMBING, AND WASTE *No Grease Trap present*

GREASE TRAP LID SECURED? YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input checked="" 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 facilities. 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 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 proper storage of medication in sealed container separate from kitchen / prep / storage areas.

INSPECTED BY:

Name: *Beth Meyers*