

# 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

**WILLS VALLEY ELEM. SCHOOL CHILD NUTRITION P**

OWNER OR MANAGER NAME

**FORT PAYNE CITY BOARD OF ED. Mgr: Carole Waite**

ADDRESS

**4111 WILLIAMS AVE NE FORT PAYNE**

Previous Inspection: 12/9/2022

Previous Rating: 94

PERMIT NUMBER	MO.	DAY	YEAR	INSP. TIME	PERMITTED	PRIORITY CAT.	COMPLIANCE VISIT/ INSP. REQUIRED	NO. OF P/Pf
S-114	05	24	23	OUT IN	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	3	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 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, residue of food. Disposition.	5
6*	Time/Temperature Control for Safety (TCS) food meets temperature requirements during receiving, cooling, 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. <i>Mold in ice machine</i>	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: *Raylene Cruse*  
Title: *Manager*

### WATER, PLUMBING, AND WASTE

*Metal 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 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 proper storage medication.

INSPECTED BY:

Name: *Beth Meyers*  
Beth Meyers