



Division of Environmental Health
 100 H Street, Suite 100, Eureka CA 95501
 707-445-6215 - Toll Free: 800-963-9241
 Fax: 707-441-5699 envhealth@co.humboldt.ca.us

Food Facility Official Inspection Report

Date: <u>6/27/16</u>	Page 1 of 2
Time In: <u>2:30</u>	
Time Out:	

Facility Name: <u>RED ROOF INN</u>		Address: <u>4975 VALLEY WEST</u>		City: <u>ARCATA</u>	
Permit Expiration Date: <u>9/30/16</u>	Permit Holder: <u>RED ROOF INN</u>	Category: <u>MINI PREP</u>	Type of Inspection: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> Request		

See reverse side for the code sections and general requirements that correspond to each violation listed below.

In = In compliance N/O = Not observed N/A = Not applicable ☒ = Items not in compliance
 COS = Corrected on-site MAJ = Major violation OUT = Out of compliance

MAJOR VIOLATIONS

DEMONSTRATION OF KNOWLEDGE		COS	MAJ	OUT
In	N/O			<input checked="" type="checkbox"/>
1. Demonstration of knowledge; food safety certification				
Food Safety Certification Name:		Exp. Date:		
EMPLOYEE HEALTH AND HYGIENIC PRACTICES				
In				
2. Communicable disease; reporting, restrictions, and exclusions				
In	N/O			
3. No discharge from eyes, nose, mouth				
In	N/O			
4. Proper eating, tasting, drinking, tobacco use				
PREVENTING CONTAMINATION BY HANDS				
In	N/O			
5. Hands clean, properly washed; gloves used properly				
In				<input checked="" type="checkbox"/>
6. Adequate handwash facilities supplied and accessible				
TIME AND TEMPERATURE RELATIONSHIPS				
In	N/O	N/A		
7. Proper hot and cold holding temperatures (°F)				
		<u>41</u>	Cold Temp	<u>NA</u>
			Hot Temp	
In	N/O	N/A		
8. Time as public health control; procedures and records				
In	N/O	N/A		
9. Proper cooling methods				
In	N/O	N/A		
10. Proper cooking time and temperatures				
In	N/O	N/A		
11. Proper reheating procedures for hot-holding				

PROTECTION FROM CONTAMINATION		COS	MAJ	OUT
In	N/O	N/A		
12. Returned and reserve of food				
In	N/O	N/A		
13. Food in good condition; safe and unadulterated				
In	N/O	N/A		<input checked="" type="checkbox"/>
14. Food contact surfaces: clean and sanitized, 100°F				
Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonium <input type="checkbox"/> Hot Water <input type="checkbox"/> Other				
Sanitizer Concentration: (ppm) Temp: °F				
FOOD FROM APPROVED SOURCES				
In				
15. Food obtained from approved source				
In	N/O	N/A		
16. Compliance with shell stock tags, condition, display				
In	N/O	N/A		
17. Compliance with Gulf Oyster Regulations				
CONFORMANCE WITH APPROVED PROCEDURES				
In	N/O	N/A		
18. Compliance with variance, specialized process, reduced oxygen packaging, HACCP plan				
CONSUMER ADVISORY				
19. Consumer advisory provided for raw or undercooked foods				
HIGHLY SUSCEPTIBLE POPULATIONS				
In	N/O	N/A		
20. Licensed health care facilities, public and private schools; prohibited foods not offered				
WATER, HOT WATER				
In				
21. Potable hot (120°F) and cold water available				
			Temp: <u>120°F</u>	
LIQUID WASTE DISPOSAL				
In				
22. Sewage and wastewater properly disposed				
VERMIN				
In				<input checked="" type="checkbox"/>
23. No rodents, insects, birds, or animals				

MINOR VIOLATIONS

SUPERVISION		OUT
24. Person in charge present and performs duties		<input checked="" type="checkbox"/>
PERSONAL CLEANLINESS		
25. Personal cleanliness and hair restraints		
GENERAL FOOD SAFETY REQUIREMENTS		
26. Approved thawing methods used; frozen food		
27. Food separated and protected		
28. Washing fruits and vegetables		
29. Toxic substances properly identified, stored, used		
FOOD STORAGE, DISPLAY, SERVICE		
30. Food storage; food storage containers identified		
31. Consumer self-service		
32. Food properly labeled and honestly presented		
EQUIPMENT, UTENSILS, LINENS		
33. Non-food-contact surfaces clean		<input checked="" type="checkbox"/>
34. Warewashing facilities: installed, maintained, used, test strips available		<input checked="" type="checkbox"/>
35. Equipment and Utensils approved; installed, clean, good repair, capacity		<input checked="" type="checkbox"/>
36. Equipment, utensils and linens: storage and use		
37. Vending machines		
38. Adequate ventilation and lighting, designated areas, use of		
39. Thermometers provided and accurate		

		OUT
40. Wiping cloths: properly used and stored		
PHYSICAL FACILITIES		
41. Plumbing: proper backflow devices		
42. Garbage and refuse properly disposed; facilities maintained		
43. Toilet facilities: properly constructed, supplied, cleaned		
44. Premises; personal or cleaning items; vermin-proofing		
PERMANENT FOOD FACILITIES		
45. Floor, walls, and ceilings: constructed, maintained, clean		<input checked="" type="checkbox"/>
46. No unapproved private homes, living or sleeping quarters		
SIGNS, REQUIREMENTS		
47. Signs posted: facility permit, handwash signs, last inspection report available, no smoking, manual sanitizing method, toilet facilities not provided, FSM		
COMPLIANCE, ENFORCEMENT		
48. Plan Review		
49. Valid Facility Permit: expiration date, proper operation category		
50. Impoundment		
51. Permit Suspension - Facility Closed		
52. Nutritional labeling on menus, brochures, etc. <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> In		
53. Food handler training certification card <input type="checkbox"/> N/O <input type="checkbox"/> N/A <input type="checkbox"/> In		
Reinspection Fee Assessed: \$		

Received by (signature): <u>[Signature]</u>	Title:	Reinspection Date:
Received by (print): <u>RAJ RAJ</u>	Inspector (print): <u>COLLEEN CUNAWAN</u> <u>Ray Smith</u>	Phone: <u>268-2227</u> <u>268-2232</u>

CALL TO SCHEDULE



Humboldt County
Department of
Health & Human
Services

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TEMPERATURE CONTROL				NO PHF <input type="checkbox"/>					
Documentation required for all facilities with PHF									
Type of Food	Temp (°F)	Temp Violation (✓)	Process/Holding Location	Food Discarded (Amount)	Type of Food	Temp (°F)	Temp Violation (✓)	Process/Holding Location	Food Discarded (Amount)
BREAD	6		W/ FREEZER						
JUICE	34		2ND FLOOR						

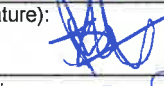
OBSERVATIONS AND CORRECTIVE ACTIONS

#23 RODENT INFESTATION OBSERVED IN KITCHEN BEHIND COOKLINE AREA UTENSIL WASH AREA, SIDE PREP ROOM, AND OTHER VARIOUS LOCATIONS.
CLOSE THE KITCHEN / DO NOT SERVE OR PREPARE FOOD.

NUMEROUS VIOLATIONS OBSERVED (#33, #34, #35 #45) REGARDING MAINTAINENCE AND OR ROUTINE CLEANING ARE NOT BEING CONDUCTED.

- 1) REMOVE ALL DEBRIS FROM FLOORS, FLOOR SINKS, EQUIPMENT, SHELVING
- 2) CLEAN AND SANITIZE ALL SURFACES.
- 3) CONTRACT WITH LICENCED PEST CONTROL REGARDING RODENT INFESTATION
- 4) PROVIDE SERVICE INVOICE FROM PEST CONTROL THAT VERIFIES INITIAL RODENT CONTROL TREATMENT HAS BEEN CONDUCTED.
- 5) PROVIDE MAINTAINENCE / PEST CONTROL SCHEDULE THAT VERIFIES BASIC MAINTAINENCE / CLEANING / PEST CONTROL WILL BE CONDUCTED TO MINIMIZE / ELIMINATE ABOVE OBSERVATIONS.

ADDITIONALLY, THERE IS NO CURRENT FOOD SAFETY MANAGER AT THIS FACILITY. THIS VIOLATION WAS OBSERVED IN SEPTEMBER 2015. OBTAIN CURRENT FOOD SAFETY MANAGER CERTIFICATION. THIS TRAINING WILL PROVIDE THE ABILITY TO MAKE THE ABOVE OBSERVATIONS AND PROMOTE ACTION TO ELIMINATE

Received by (signature): 	Title:	Reinspection Date: CALL TO SCHEDULE
Received by (print): PAUL RAJ	Inspector (print): COLLEEN CUNAWAN RAY SMITH	Phone: 768-2227 268-2232

*The above major violations must be corrected by _____. A reinspection may be conducted and a reinspection fee of \$_____ assessed, as authorized by current County ordinance. This fee may be waived if a mailed or faxed receipt or other satisfactory documentation showing proof of the correction or repair is received prior to the compliance date. The local building official may require a permit for above corrections. Please contact the appropriate office for assistance.