



Angelo "Skip" Saviano
Village President
Gina Pesko
Village Clerk
Paul A. Volpe
Village Manager
Michael Durkin
Village Attorney

Trustees
Alan T. Kaminski
Jeff Sargent
Angela Stranges
Anthony Del Santo
Angelo J. Lollino
Jonathan L. Zivojnovic

Ms. Erica Burkert
EcoLoab
inspections@activeviewhdi.com

October 13, 2016

RE: Freedom of Information Act Request

Dear Ms. Burkert,

The Village of Elmwood Park is in receipt of your October 10, 2016, Freedom of Information Act (5 ILCS 140/1 et seq.) ("FOIA") for the following records:

"...Inspections at Elmwood Elementary, Elmwood Park Middle School, John Mills Elementary performed on or before 1/29/2016...Panera inspections performed ater 11/24/2015."

Enclosed are copies of the records you requested. However, please be advised that certain information in the records being provided has been determined to be exempt from disclosure under FOIA, and that information has been redacted from the records being provided.

Section 7 (1)(b) of FOIA provides that "private information" is exempt from disclosure. "Private information" is defined in FOIA as, "unique identifiers, including a person's social security number, driver's license number, employee id number, biometric identifiers, personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses." Section 7(1)(c) of FOIA provides that, "personal information contained within public records, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy is exempt from disclosure. Consequently, birthdates and other personal information, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, such as the victim's name and identifying information, have been redacted from the records being provided.

In accordance with Section 9(a) of FOIA, you are hereby notified that you have the right to file a Request for Review regarding the decision made by the Village of Elmwood Park Freedom of Information Officer with the Public Access Counselor at the Illinois Attorney General's Office.

You can file your Request for Review with the Public Access Counselor by writing to:

Sarah Pratt
Public Access Counselor
Office of the Attorney General
500 South 2nd Street
Springfield, Illinois 62706
Fax: 217-782-1396
E-mail: publicaccess@atg.state.il.us

If you choose to file a Request for Review with the Public Access Counselor, you must do so within 60 calendar days of the date of this letter. Please note that you must include a copy of your original FOIA request and this letter when filing a Request for Review with the Public Access Counselor. You are also notified that you have the right to judicial review regarding the decision made by the Village of Elmwood Park Freedom of Information Officer pursuant to Section II of FOIA.

Should you have any questions, please do not hesitate to contact my office.

Gina Pesko

Village Clerk
Freedom of Information Officer
708-452-3948

VILLAGE OF ELMWOOD PARK

Type of Establishment
 Food Service Establishment
 Retail Food Store
 Temporary
 Mobile

Sanitary Inspection Report Food Service Establishment

Reason for Inspection
 Routine Recheck
 Complaint License

Name of Establishment: Elmwood Elementary Address: 2319 N. 76th Ave
 Owner or Operator: _____ Phone: 708-583-6257

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

* = Indicates Critical Items Requiring Immediate Correction.

ITEM	X	WT	DESCRIPTION	ITEM	X	WT	DESCRIPTION	ITEM	X	WT	DESCRIPTION
FOOD				FLOORS, WALLS AND CEILINGS							
*1		5	Source, Wholesome, No Spoilage	*20		4	Sanitization rinse: clean, temperature, concentration	36		1	Floors: constructed; drained, clean, good repair, covering installation; dustless cleaning methods
2		1	Original Container, Properly Labeled	21		1	Wiping cloths: clean, use restricted	37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
FOOD PROTECTION				WATER				LIGHTING			
*3		5	Potentially hazardous food meals, temperature requirements during storage, preparation, display, service and transportation	22		2	Food-contact surfaces of equipment / utensils: clean, free of abrasives and detergents	23		1	Storage, handling of clean equipment / utensils
*4		4	Facilities to maintain product temperature	23		1	Non-food contact surfaces of equipment and utensils clean	24		1	Single-service articles, storage, dispensing
5		1	Thermometers provided and conspicuous	24		1	Storage, handling of clean equipment / utensils	25		1	No re-use of single-service articles
6		2	Potentially hazardous food properly thawed	25		1	Single-service articles, storage, dispensing	26		2	No re-use of single-service articles
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION	26		2	No re-use of single-service articles	VENTILATION			
8		2	Food protection during storage, preparation, display, service and transportation	SEWAGE				39		1	Rooms and equipment - vented as required
9		2	Handling of food (ice) minimized, methods	*27		5	Water source, safe: hot and cold under pressure	DRESSING ROOMS			
10		1	Food (ice) dispensing utensils properly stored	PLUMBING				40		1	Rooms clean, lockers provided, facilities clean
PERSONNEL				28		4	Sewage and waste water disposal	OTHER OPERATIONS			
*11		5	Personnel with infections restricted	29		1	Installed, maintained	41		5	Toxic items properly stored, labeled and used
*12		5	Hands washed and clean, good hygienic practices	30		5	Cross-connection, back siphonage, back flow	42		1	Premises: maintained, free of litter, unnecessary articles, cleaning / maintenance equipment properly stored, authorized personnel
13		1	Clean clothes, hair restraints	TOILET AND HAND-WASHING FACILITIES				43		1	Complete separation from living / sleeping quarters, laundry
FOOD EQUIPMENT AND UTENSILS				31		4	Number, convenient, accessible, designed, installed	44		1	Clean, spilted linen properly stored
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located	32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean; Hand cleanser sanitary towels / hand drying devices provided, proper waste receptacles, tissue	45			Management personnel certified Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located	33		2	Containers or receptacles covered; adequate number, insect / rodent proof, frequency, clean	46			Public restroom clean and sanitary Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated	34		1	Outside storage area, enclosures properly constructed, clean; controlled incineration	47			Dumpster / grease barrel properly enclosed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
17		1	Accurate Thermometers, chemical test kits provided, gauge clock	GARBAGE AND REFUSE DISPOSAL				48			No smoking section in dining room provided Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
18		1	Pre-flushed, scraped, soaked	35		4	Presence of insects / rodents; outer openings protected, no birds, turtles, other animals	49			Bartenders properly licensed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
19		2	Wash, rinse water: clean, proper temperature	INSECT, RODENT, ANIMAL CONTROL							

Temperatures: Temp/PPM Chemical 3 comp 150ppm Hot Foods Hot table 160°F Cold Foods: milk 42°F
 Manager Certification No.: Monica Munoz 01605665 4/10/18 (3) Refrig 47°F (2) Refrig 42°F

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
(21)	Failure to store wiping cloths in sanitizing solution between uses - corrected	

Report and Instructions Received By: _____ (Signature of Owner or Representative)
 Date: 10/5/16 Time: 9:50 AM / 10:18 P.M. Sanitation Score: 99% (100 Minus Demerits)
 (Report must be posed on premises.)
 Page 1 of 1 By _____ (Inspector)

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
 Food Service Establishment
 Retail Food Store
 Temporary
 Mobile

Sanitary Inspection Report Food Service Establishment

Reason for Inspection
 Routine Recheck
 Complaint License

Name of Establishment Elmwood Elementary School Address 2319 N. 76th Ave
 Owner or Operator Arcmark Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION	ITEM	X	WT	DESCRIPTION	ITEM	X	WT	DESCRIPTION
FOOD											
*1		5	Source, Wholesome, No Spoilage	*20		4	Sanitization rinse: clean, temperature, concentration				FLOORS, WALLS AND CEILINGS
2		1	Original Container, Properly Labeled	21		1	Wiping cloths: clean, use restricted	36		1	
FOOD PROTECTION											
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation	22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents	37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
*4		4	Facilities to maintain product temperature	23		1	Non-food contact surfaces of equipment and utensils clean	LIGHTING			
5		1	Thermometers provided and conspicuous	24		1	Storage, handling of clean equipment/utensils	38		1	Lighting provided as required, Fixtures shielded
6		2	Potentially hazardous food properly thawed	25		1	Single-service articles, storage, dispensing	VENTILATION			
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION	26		2	No re-use of single-service articles	39		1	Rooms and equipment - vented as required
8		2	Food protection during storage, preparation, display, service and transportation	WATER				DRESSING ROOMS			
9		2	Handling of food (ice) minimized, methods	*27		5	Water source, safe: hot and cold under pressure	40		1	Rooms clean, lockers provided, facilities clean
10		1	Food (ice) dispensing utensils properly stored	SEWAGE				OTHER OPERATIONS			
PERSONNEL											
		5	Personnel with infections restricted	*28		4	Sewage and waste water disposal	*41		5	Toxic items properly stored, labeled and used
		5	Hands washed and clean, good hygienic practices				PLUMBING				
		1	Clean clothes, hair restraints	29		1	Installed, maintained	42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
FOOD EQUIPMENT AND UTENSILS											
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located	*30		5	Cross-connection, back siphonage, back flow	43		1	Complete separation from living/sleeping quarters, laundry
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located	TOILET AND HAND-WASHING FACILITIES				44		1	Clean, soiled linen properly stored
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated	31		4	Number, convenient, accessible, designed, installed	45			Management personnel certified Yes <input checked="" type="checkbox"/> <u>MONICA SARMIGUZO</u> No <input type="checkbox"/>
17		1	Accurate Thermometers, chemical test kits provided, gauge clock	32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue	46			Public restroom clean and sanitary Yes _____ No _____
18		1	Pre-flushed, scraped, soaked	GARBAGE AND REFUSE DISPOSAL				47			Dumpster/grease barrel properly enclosed Yes _____ No _____
19		2	Wash, rinse water: clean, proper temperature	33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean	48			No smoking section in dining room provided, Yes _____ No _____
				34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration	49			Bartenders properly licensed Yes _____ No _____
				INSECT, RODENT, ANIMAL CONTROL							
				*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals				

Temperatures: Temp/PPM Chemical 400ppm quat col 17 Hot Foods permilk-40, 45^o hot Cold Foods prize-150, 160, 138
ham-0 chicken-0 broccoli-180
egg-0 beef-0 chicken nuggets-150

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
	<u>cheese-38</u> <u>yogurt-39</u>	<u>chicken salad-39</u>

Report and Instructions Received By _____ (Signature of Owner or Representative) 1/29/16
 Date 1.29.16 Time 11:00 A.M. P.M. Sanitation Score 100 (100 Minus Demerits)

(Report must be posed on premises.)
 Page 1 of 1 By _____ (Inspector) 0

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
 Food Service Establishment
 Retail Food Store
 Temporary Mobile

Sanitary Inspection Report
Food Service Establishment

Reason for Inspection
 Routine Recheck
 Complaint License

Name of Establishment Elm Middle School Address 7607 W. Cortland St.
 Owner or Operator Crumark Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION	ITEM	X	WT	DESCRIPTION	ITEM	X	WT	DESCRIPTION
FOOD				*20		4	Sanitization rinse: clean, temperature, concentration	FLOORS, WALLS AND CEILINGS			
*1		5	Source, Wholesome, No Spoilage					36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
2		1	Original Container, Properly Labeled	21		1	Wiping cloths: clean, use restricted				
FOOD PROTECTION				22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents	37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation	23		1	Non-food contact surfaces of equipment and utensils clean	LIGHTING			
*4		4	Facilities to maintain product temperature	24		1	Storage, handling of clean equipment/utensils	38		1	Lighting provided as required, Fixtures shielded
5		1	Thermometers provided and conspicuous	25		1	Single-service articles, storage, dispensing	VENTILATION			
6		2	Potentially hazardous food properly thawed	26		2	No re-use of single-service articles	39		1	Rooms and equipment - vented as required
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION	WATER				DRESSING ROOMS			
8		2	Food protection during storage, preparation, display, service and transportation	*27		5	Water source, safe: hot and cold under pressure	40		1	Rooms clean, lockers provided, facilities clean
9		2	Handling of food (ice) minimized, methods	SEWAGE				OTHER OPERATIONS			
10		1	Food (ice) dispensing utensils properly stored	*28		4	Sewage and waste water disposal	*41		5	Toxic items properly stored, labeled and used
PERSONNEL				PLUMBING				42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
		5	Personnel with infections restricted	29		1	Installed, maintained	43		1	Complete separation from living/sleeping quarters, laundry
		5	Hands washed and clean, good hygienic practices	*30		5	Cross-connection, back siphonage, back flow	44		1	Clean, soiled linen properly stored
		1	Clean clothes, hair restraints	TOILET AND HAND-WASHING FACILITIES				45			Management personnel certified Yes <u>X</u> <u>DIANA</u> No <u>KAPETANOS</u>
FOOD EQUIPMENT AND UTENSILS				31		4	Number, convenient, accessible, designed, installed	46			Public restroom clean and sanitary Yes _____ No _____
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located	32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue	47			Dumpster/grease barrel properly enclosed Yes _____ No _____
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located	GARBAGE AND REFUSE DISPOSAL				48			No smoking section in dining room provided Yes _____ No _____
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated	33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean	49			Bartenders properly licensed Yes _____ No _____
17		1	Accurate Thermometers, chemical test kits provided, gauge clock	34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration				
18		1	Pre-flushed, scraped, soaked	INSECT, RODENT, ANIMAL CONTROL							
19		2	Wash, rinse water: clean, proper temperature	*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals				

Temperatures: Temp/PPM Chemical 400 ppm quat Hot Foods corn-138, 140 Cold Foods cheese-40, 40

Manager Certification No.: 1669921 12/30/19 beans-142 potatoes-143, 168, 172, 138 sausage-0

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
16	Provide approved 3-comp. sink	<u>cheese-0, 40, 40</u>

Report and Instructions Received By _____ (Signature of Owner or Representative)
 Date 11.29.16 Time 11:30 A.M. P.M. Sanitation Score 98 (100 Minus Demerits)

(Report must be posed on premises.)
 Page 1 of 1 By _____ (Inspector)

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
 Food Service Establishment
 Retail Food Store
 Temporary Mobile

Sanitary Inspection Report Food Service Establishment

Reason for Inspection
 Routine Recheck
 Complaint License

Name of Establishment John Mills Elementary School Address 2824 N 76th Ave
 Owner or Operator Acemark Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION	ITEM	X	WT	DESCRIPTION	ITEM	X	WT	DESCRIPTION
FOOD											
*1		5	Source, Wholesome, No Spoilage	*20		4	Sanitization rinse: clean, temperature, concentration	36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
2		1	Original Container, Properly Labeled	21		1	Wiping cloths: clean, use restricted	37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
FOOD PROTECTION											
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation	22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents	LIGHTING			
*4		4	Facilities to maintain product temperature	23		1	Non-food contact surfaces of equipment and utensils clean				
5		1	Thermometers provided and conspicuous	24		1	Storage, handling of clean equipment/utensils	38		1	Lighting provided as required, Fixtures shielded
6		2	Potentially hazardous food properly thawed	25		1	Single-service articles, storage, dispensing	VENTILATION			
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION	26		2	No re-use of single-service articles				
8		2	Food protection during storage, preparation, display, service and transportation	WATER				39		1	Rooms and equipment - vented as required
9		2	Handling of food (ice) minimized, methods	*27		5	Water source, safe: hot and cold under pressure	DRESSING ROOMS			
10		1	Food (ice) dispensing utensils properly stored	SEWAGE							
PERSONNEL											
		5	Personnel with infections restricted	*28		4	Sewage and waste water disposal	*41		5	Toxic items properly stored, labeled and used
		5	Hands washed and clean, good hygienic practices	PLUMBING				42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
		1	Clean clothes, hair restraints					29		1	Installed, maintained
FOOD EQUIPMENT AND UTENSILS											
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located	*30		5	Cross-connection, back siphonage, back flow	44		1	Clean, soiled linen properly stored
15	X	1	Non-Food contact surfaces: designed, constructed, maintained, installed, located	TOILET AND HAND-WASHING FACILITIES				45		1	Management personnel certified Yes <u>VANESSA HERNANDEZ</u>
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated					*31		4	Number, convenient, accessible, designed, installed
17		1	Accurate Thermometers, chemical test kits provided, gauge clock	32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue	47		1	Dumpster/grease barrel properly enclosed Yes _____ No _____
18		1	Pre-flushed, scraped, soaked	GARBAGE AND REFUSE DISPOSAL				48		1	No smoking section in dining room provided Yes _____ No _____
19		2	Wash, rinse water: clean, proper temperature					33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean
INSECT, RODENT, ANIMAL CONTROL											
				*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals				

Temperatures: Temp/PPM Chemical 400ppm quat Hot Foods still cooking Cold Foods cheese -40°
chicken -0°
ham -0°
meatballs -0°
fruit cups -40°

Manager Certification No.: 1669919 12/30/19

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
15	Replace broken drinking fountain guard	<u>remch dressing 40°</u> <u>milk -40°, 40°</u>

Report and Instructions Received By _____
 (Signature of Owner or Representative)
 Date 1.29.16 Time 10:30 A.M. _____ P.M. Sanitation Score 99 (100 Minus Demerits)

(Report must be posed on premises.)

Page 1 of 1 By _____ (Inspector)

VILLAGE OF ELMWOOD PARK

Type of Establishment
 Food Service Establishment
 Retail Food Store
 Temporary
 Mobile

Sanitary Inspection Report
 Food Service Establishment

Reason for Inspection
 Routine Recheck
 Complaint License

Name of Establishment John Mills Elementary Address 2824 N. 76th Ave
 Owner or Operator _____ Phone 708-583-6282

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

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FOOD				FOOD PROTECTION				FLOORS, WALLS AND CEILINGS			
*1		5	Source, Wholesome, No Spoilage	*20		4	Sanitization rinse: clean, temperature, concentration.	36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
2		1	Original Container, Properly Labeled	21		1	Wiping cloths: clean, use restricted	37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
FOOD PROTECTION				WATER				LIGHTING			
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation	22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents	23		1	Non-food contact surfaces of equipment and utensils clean
*4		4	Facilities to maintain product temperature	23		1	Non-food contact surfaces of equipment and utensils clean	24		1	Storage, handling of clean equipment/utensils
5		1	Thermometers provided and conspicuous	24		1	Storage, handling of clean equipment/utensils	25		1	Single-service articles, storage, dispensing
6		2	Potentially hazardous food properly thawed	25		1	Single-service articles, storage, dispensing	26		2	No re-use of single-service articles
*7		4	Unwrapped and potentially hazardous food not reserved GROSS CONTAMINATION	26		2	No re-use of single-service articles	VENTILATION			
8		2	Food protection during storage, preparation, display, service and transportation	SEWAGE				38		1	Lighting provided as required, Fixtures shielded
9		2	Handling of food (ice) minimized, methods	*27		5	Water source, safe: hot and cold under pressure	DRESSING ROOMS			
10		1	Food (ice) dispensing utensils properly stored	PLUMBING				39		1	Rooms and equipment - vented as required
PERSONNEL				TOILET AND HAND-WASHING FACILITIES				OTHER OPERATIONS			
*11		5	Personnel with infections restricted	*28		4	Sewage and waste water disposal	40		1	Rooms clean, lockers provided, facilities clean
*12		5	Hands washed and clean, good hygienic practices	GARBAGE AND REFUSE DISPOSAL				41		5	Toxic items properly stored, labeled and used
13		1	Clean clothes, hair restraints	29		1	Installed, maintained	42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
FOOD EQUIPMENT AND UTENSILS				*30		5	Cross-connection, back siphonage, back flow	43		1	Complete separation from living/sleeping quarters, laundry
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located	INSECT, RODENT, ANIMAL CONTROL				44		1	Clean, soiled linen properly stored
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located	31		4	Number, convenient, accessible, designed, installed	45			Management personnel certified Yes <u>X</u> No _____
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated	32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels / hand drying devices provided, proper waste receptacles, issue	46			Public restroom clean and sanitary. Yes <u>X</u> No _____
17		1	Accurate Thermometers, chemical test kits provided, gauge clock	33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean	47			Dumpster/grease barrel properly enclosed Yes <u>X</u> No _____
18		1	Pre-flushed, scraped, soaked	34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration	48			No smoking section in dining room provided Yes <u>N/A</u> No _____
19		2	Wash, rinse water: clean, proper temperature	*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals	49			Bartenders properly licensed Yes <u>N/A</u> No _____

Temperatures: QUAT 3-Comp sink 300ppm Hot Foods Hot Box 174°F Cold Foods 2-door walk-in 37°F 2 doors 2050V Single 37°F Every 75 Milk 35°F Front cooler 37°F Fires 30°F
 Manager Certification No.: Vanessa Hernandez 01669919 12/30/19

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
	<i>No violations noted at time of inspection</i>	

Report and Instructions Received By _____ (Signature of Owner or Representative)
 Date 10/5/16 Time 9:17 A.M. Sanitation Score 100% (100 Minus Demerits)

(Report must be posed on premises.)
 Page 1 of 1 By _____ (Inspector)

