



**COUNTY OF LAKE HEALTH SERVICES DEPARTMENT**

**Division of Environmental Health**  
 Lakeport: 922 Bevins Court, Lakeport, CA 95453-9739  
 Telephone 707/263-1164 FAX: 263-1681

**FOOD SAFETY INSPECTION REPORT**

Facility Name:		Address:				City:		Zip Code:	
Permit #:		Exp Date:		Permit Holder:		Type of Inspection: <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Pre-opening			
<b>DEMONSTRATION OF KNOWLEDGE</b>		COS	MAJ	OUT	PTS	PTS Lost		<b>PROTECTION FROM CONTAMINATION</b>	
In	Out	1. Demonstration of knowledge; food safety certification		<input type="checkbox"/>	2			In	N/O
N/O								N/A	
Food Safety Cert Name:		Exp. Date						In	
								N/A	
								12. Returned and re-service of food	
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	2
								13. Food in good condition, safe and unadulterated	
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	4/2
								14. Food contact surfaces: clean and sanitized	
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	4/2
								Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonium <input type="checkbox"/> Hot Water <input type="checkbox"/> Other	
								Sanitizer Concentration (ppm):	
								<b>FOOD FROM APPROVED SOURCES</b>	
								15. Food obtained from approved source	
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	4
								16. Compliance with shell stock tags, condition, display	
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	2
								17. Compliance with Gulf Oyster Regulations	
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	2
								<b>CONFORMANCE WITH APPROVED PROCEDURES</b>	
								18. Compliance with variance, specialized process, & HACCP Plan	
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	2
								<b>CONSUMER ADVISORY</b>	
								19. Consumer advisory provided for raw or undercooked foods	
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	2
								<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>	
								20. Licensed health care facilities/ public & private schools; prohibited foods not offered	
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	4
								<b>WATER/ HOT WATER</b>	
								21. Hot and cold water available	
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	4/2
								<b>LIQUID WASTE DISPOSAL</b>	
								22. Sewage and wastewater properly disposed	
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	4/2
								<b>VERMIN</b>	
								23. No rodents, insects, birds, or animals	
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	4/2

Major violations pose an imminent risk to health and must be corrected immediately or may lead to closure of facility.  
 Minor violations warrant correction by the next routine inspection or established schedule. Any change in operation, equipment, or remodeling requires pre-approval from the County of Lake Environmental Health Division.

**TOTAL SCORE :** \_\_\_\_\_

<b>SUPERVISION</b>		OUT	PTS	PTS Lost	<b>EQUIPMENT/ UTENSILS/ LINENS (Cont.)</b>		OUT	PTS	PTS Lost
24. Person in charge present and performs duties			1		39. Thermometers provided and accurate within 2 degrees			1	
<b>PERSONAL CLEANLINESS</b>					40. Wiping cloths: properly used and stored			1	
25. Personal cleanliness and hair restraints			1		<b>PHYSICAL FACILITIES</b>				
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>					41. Plumbing: proper backflow devices			1	
26. Approved thawing methods used – frozen foods			1		42. Garbage and refuse properly disposed; facilities maintained			1	
27. Food separated and protected			1		43. Toilet facilities: properly constructed, supplied, cleaned			1	
28. Washing fruits and vegetables			1		44a. Premises			1	
29. Toxic/ injurious substances properly identified, stored, and used			1		44b. Personal/cleaning items				
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>					44c. Vermin-proofing				
30. Food storage; food storage containers identified			1		<b>PERMANENT FOOD FACILITIES</b>				
31. Consumer self-service			1		45. Floor, walls and ceilings: built, maintained, and clean			1	
32. Food properly labeled & honestly presented			1		46. No unapproved private homes/ living or sleeping quarters			1	
<b>EQUIPMENT/ UTENSILS/ LINENS</b>					<b>SIGNS/ REQUIREMENTS</b>				
33. Nonfood contact surfaces clean			1		47. Signs posted; last inspection report available			1	
34. Ware washing facilities: installed, maintained, and used - test strips			1		<b>COMPLIANCE &amp; ENFORCEMENT</b>				
35. Equipment/ utensils approved; installed; clean; good repair, capacity			1		48. Plan Review				
36. Equipment, utensils and linens: storage and use			1		49. Permits Available				
37. Vending machines			1		50. Impoundment				
38. Adequate ventilation and lighting; designated areas, usage			1		51. Permit Suspension				

In = In compliance    Out = Out of Compliance    ☒ = Item marked are not in compliance    N/O = Not observed    N/A = Not applicable  
 MAJ = Major violation    COS = Corrected on-site    PTS = Points    PTS Lost = Points lost

Received by (Print): \_\_\_\_\_ (Signature): \_\_\_\_\_  
 Specialist (Print): \_\_\_\_\_ (Signature): \_\_\_\_\_ Title: \_\_\_\_\_

CMHC Entry initials & date: \_\_\_\_\_ Current Date \_\_\_\_\_ Date of Last Inspection \_\_\_\_\_ **Re-inspection Date (on or after):** \_\_\_\_\_