Fax: 684-7764

BOROUGH OF COLUMBIA

P.O. Box 509 308 Locust Street Columbia, PA 17512 Phone: 684-2467

Name of C	stabilianment: V 15/01/2 COMMO 102.		THE RESERVE OF THE PERSON NAMED IN
Address:	291 9, 4% 54.	Date: _	12-14-11
Owner/Age	ont: Clair Good	Time:	0905
	PUBLIC EATING AND DRINKING PLACE	CE	
0	INSPECTION CHECKLIST		
This checkli Eating & Dri	ist is provided to assist you with meeting the requirements inking Place License, as required by the Act of 1945, P.L.	for the issu 926, No. 36	e of a Public 9.
A. Lice	enses		
1.	Sales Tax & Use Tax License Prominently Displayed Columbia Board of Health License Prominently Displayed		
R For	ployees		
<u>P</u> 1.	No Food Handlers Carry Active Communicable Disea Hepatitis B/C, TB, Any Open External Lesion)	se Status (e	e.g. STD,
2.	Food Handlers Wear Caps or Hair nets, Gloves		
3.	Employees Educated in Sanitizing Procedures		
₩ 4.	Workers Have Access to a Storage Facility for Person	nal Items	
C. 17 Kitc	hen		
1.	Clean		
	Sanitary		*
3.	No Pets, No Sleeping Quarters		
4.	No Smoking		
5.	Oil-, Grease-laden towels in Appropriate, Covered Co		
6.	Eating/Drinking/Preparation Implements Protected Fro		
	Meat Preparation – Impervious Surface, Cleansed Bel	fore Next Fo	ood Use
M/A 9.	Dishwashing Following Each Meal	hana Ostan Al	I Caalda
1	NFPA Exhaust Hood Automatic Fire Suppression Syst Equipment Capable of Producing Grease-Lad Outside		
10.	NFPA & NSF Exhaust Hood & Filters Cleaned Weekly		
11.	Grease Interceptor Inspected Weekly, Cleaned Month Written Record of Inspection & Cleaning.		r if Needed.
<u>y</u> 12.	Sump Pump, if any, Inspected Weekly & Maintained in		
P 13.	NSF-Approved Cold Storage Units With Thermometer Maintain Efficiency		
14.	Nonfrozen Food in Cold Storage Units at or below 41°f		
15.	Cooked food in hot-holding storage/serving units at or	above 135°	F
16.	NSF-Approved or BIA-Approved Cooking Equipment		
17.	Dry & Wet Container Storage Off Floor Surface		
18.	Nonporous Food Preparation Areas in Good Condition		
19.	Nonporous Floor Surface – All Areas – in Good Condit		
20.	Sink Capable of Pot & Pan Cleansing, With Hot Water		
22.	10 Footcandle Minimum Lighting Level	han Naar 14	Valar
23.	Ground Fault Circuit Interrupter (GFCI) Receptacles W Utensil Storage Prevents Dust & Contamination, Fase		
	August Other Clevents and August Statistical and Heads	COLUMN TO THE PERSON OF THE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

D.	Food	Storage Area							10	
t>				3 101				70 Yo		
-1,-	1.	Room Surfa	ces Eas	ily Cleane	ed					
	3,	Ventilation	Matar 0	Course D	lalaa					
i	4.	Absence of N Approved St	orada S	bolyog	ıbıng					
1.	5.	Bottom Shel	vae Ma l	age Tha	a 6" Abova	Cloor				
4	6.	. All Food in C	old Stor	ade to be	in Sealed	Flour Containe	re			
		, ,	ola oloi	ago to be	W Ocarca	Containe	13			
E.	Food	Display Area								
N/A	1.	NSF-Approve	ed, With	Sneeze	Guards					
F	Eating	J Area								
	1.	Clean								
	2.	Sanitary								
	3.	No Pets								
Personal Paris	4.	No Sleeping								
<u> </u>	5.	Paper Napkir	is or Lai	undered (Cloth Napki	ns				
G.	Toilet	& Handwashi	ng Facil	ity					2	
D	1.	One Poom L	anatad V	Milhin CO	Cook of Am	Cand D		ion Aco		
	2.	One Room Lo Clean	Jealed V	MUIII OU	reet of Any	1 1000 P	reparat	ion Are	a	
	3	Sanitary								
	4	Hot Water								
	5.	Soap								
	6.	Paper Towels	Stored	in a Sind	le Use Con	tainer				
	7.	Waste Recep	tacle (M	ust Be C	overed in W	Vomen's	1			
	8.	Ventilation Ex	hausted	to Outsic	de	ioman a,				
	9.	Ground Fault				eceotacle	•			
	10.	Sign Remindir	ig Empl	oyees To	Wash Har	ids				
P = Pass I	F = Fail		If Activ	e Food Sell	ing is a Part o	of this Open	catlon			
		7	11 73004	0 1 000 001	ing is a ran c	n una Opai	adon			
2 39)									
Inspecti	on /	Y Pass	Fail	Reins	pection	Yes		No	Fee Pay	ment
	- (An. 14	13							Cash
Inspecto	or	JAMES .	AND THE PARTY OF		***************************************				\$(Check
Owner/A	dent	Signatura							#	
O WINGIII	gent_	Signaturo (Signifie	e Insport	or was on e	ital		#		ФI	nvoice
Violation	1#	- January (organis	in mapage	or mas on s	Remarks					
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