

FOOD ESTABLISHMENT REPORT

Based on an inspection this day, the items noted below identify noncompliance in operations 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 regulatory authority. Failure to comply with any time limits for corrections specified in this notice may result in cessation of your food operations.

ESTABLISHMENT NAME: All Fired Up Restaurant Sports Bar OWNER: Phyllis White PERSON IN CHARGE: Phyllis White
 ADDRESS: 1521 Bus Hwy 54 ESTABLISHMENT LICENSE NO.: _____ COUNTY: Pike REGION: _____
 CITY/ZIP CODE: Bowling Green 63334 TELEPHONE NUMBER: _____ FAX NUMBER: _____ P.H. PRIORITY: H M L

ESTABLISHMENT TYPE
 Bakery C. Store Caterer Deli Grocery Store Institution Mobile
 Restaurant School Senior Center Summer F.P. Tavern Temporary

SEWAGE DISPOSAL: Public Private
 WATER SUPPLY: Community Non-Community Private
 Date Sampled: _____ Result: _____
 FROZEN DESSERT: Approved Disapproved Not Applicable
 License Number: _____

PURPOSE: Pre-Opening Follow-Up Routine Complaint Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION
<u>pickles</u>	<u>39°</u>	<u>prep table</u>	<u>lemons</u>	<u>42°</u>	<u>bar fruit</u>
<u>sauce</u>	<u>34.7°</u>	<u>white fudge</u>	<u>butter</u>	<u>35°</u>	<u>dessert fudge</u>
<u>34.5° limes</u>	<u>34.5°</u>	<u>walk in</u>			

RISK FACTORS AND INTERVENTIONS

COMPLIANCE	DEMONSTRATION OF KNOWLEDGE	CODE REF.	R	COS	COMPLIANCE	POTENTIALLY HAZARDOUS FOODS TIME & TEMPERATURE	CODE REF.	R	COS
<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Designated PIC, demonstration of knowledge and PIC duties	2-101.11 2-102.11 2-103.11			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Proper cooking, time and temperature	3-401.11-13		
	EMPLOYEE HEALTH				<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Reheating for hot holding	3-403.11		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management awareness, policy present. Proper use of reporting restrictions and exclusion	2-201.11-15			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> N/A	Cooling	3-501.14		
	GOOD HYGIENIC PRACTICES				<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Parasite destruction	3-402.11		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Eating, tasting, drinking or tobacco use	2-401.11			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Hot holding	3-501.16		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Discharges from eyes, nose, or mouth	2-401.12			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Cold holding	3-501.16		
	CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION				<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Date marking and disposition	3-501.17 3-501.18		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Clean condition, cleaning procedure, when to wash, and where to wash	2-301.11-12 2-301.14-15			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input checked="" type="checkbox"/> N/A	Time as a public health control (procedures / records)	3-501.19		
<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Bare hand contact with ready-to-eat foods	3-301.11				CONSUMER ADVISORY			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source	3-201.11-17			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Consumer advisory for raw or undercooked food	3-603.11		
<input type="checkbox"/> IN <input type="checkbox"/> OUT	Receiving temperature / condition	3-202.11-19				HIGHLY SUSCEPTIBLE POPULATIONS			
<input type="checkbox"/> IN <input type="checkbox"/> OUT	Records: shellstock tags, parasite destruction, required HACCP plan	3-202.18 3-203.12 3-402.11-12			<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Pasteurized foods used, prohibited foods not offered	3-801.11		
	PROTECTION FROM CONTAMINATION					CHEMICAL			
<input checked="" type="checkbox"/> IN <input checked="" type="checkbox"/> OUT	Food segregated, separated and protected	3-302.11			<input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> N/A	Toxic substances properly identified, stored and used	7-1, 7-2, 7-3		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food contact surfaces cleaned & sanitized; cleaning frequency	4-601.11A 4-602.11			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Additives / approved, unapproved	3-202.12 3-302.14		
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food display, consumer self-service, returned food / re-service of food	3-306.11-14				CONFORMANCE WITH APPROVED PROCEDURES			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Preventing contamination from equipment	3-304.11			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Compliance with HACCP plan, variance / specialized process			
<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Discarding / reconditioning unsafe food	3-701.11							

IN = In Compliance
 OUT = Not In Compliance
 N/A = not applicable
 COS = Corrected on Site
 R = Repeat
 N/O = Not Observed

RECEIVED BY (PERSON IN CHARGE/TITLE): [Signature] DATE: 10/18/19
 INSPECTOR: [Signature] EPHS NO.: _____ FOLLOW-UP: YES NO DATE OF FOLLOW-UP: 10/24/19

FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME <i>All Fired Up</i>	ADDRESS <i>1521 Bus Hwy 54</i>	CITY <i>Bowling Green</i>
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FOOD CODE REFERENCES	CRITICAL ITEMS		
2 MANAGEMENT/PERSONNEL	CODE REF.	DESCRIPTION: These items relate directly to factors which lead to foodborne illness. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	CORRECT BY (DATE)
2-1 Supervision		- unlabeled bottles - all bottles must be marked with contents - at bar sink and in kitchen NOTE: never reuse bottles that held toxics for food storage, labelling will help prevent this from happening. This is just for your information it was NOT observed.	
2-2 Employee Health			
2-3 Personal Cleanliness			
2-4 Hygienic Practices			
3 FOOD			
3-1 Characteristics		- improper food storage. Raw meat stored over ready to eat items in prep cooler	
3-2 Sources, Containers & Records			
3-3 Protection from Contamination			
3-4 Cooking, Parasite Destruction, Reheating			
3-5 Limiting Growth of Organisms		- No bare hand contact with ready to eat foods - during plating use gloves or equipment to move food.	
3-6 Food Presentation & Labeling			
3-7 Disposition of Contaminated Food			
3-8 Highly Susceptible Populations			
4 EQUIP. UTENSILS & LINENS			
4-1 Characteristics & Use Limitations			
4-2 Design & Construction			
4-3 Numbers & Capacities			
4-4 Location & Installation			
4-5 Maintenance & Operation			
4-6 Cleaning of Equipment			
4-7 Sanitization			
4-8 Laundry			
4-9 Protection of Clean Items			

NON-CRITICAL ITEMS			
CODE REF.	DESCRIPTION: These items relate to maintenance of food operations and cleanliness. These items are to be corrected by the next regular inspection or as stated.	CORRECT BY (DATE)	INIT.
5 WATER, PLUMBING & WASTE			
5-1 Water Source, Quality, Capacity	- light visible under back door - Replace sweep or weather stripping - mop must be hung when not in use - sponges not allowed to be used for dishes or food contact surfaces - improper thawing food may only be thawed in the fridge, under running water or in the microwave just prior to cooking. - no towels/paper towels allowed in food storage prep table - all food needs to have a 7-day discard date no items should be held past this 7-day date - No eating/drinking/smoking in the kitchen		
5-2 Plumbing			
5-3 Mobile Water Tanks			
5-4 Sewage & Rainwater			
5-5 Refuse & Recyclables			
6 PHYSICAL FACILITIES			
6-1 Materials for Construction			
6-2 Design, Construction, Installation			
6-3 Numbers & Capacities			
6-4 Location & Placement			
6-5 Maintenance & Operation			
7 POISONOUS OR TOXIC ITEMS			
7-1 Labeling & Identification			
7-2 Supplies & Applications			
7-3 Storage & Display			

EDUCATION PROVIDED OR COMMENTS

Ware washing steps are: Wash, Rinse, Sanitize
check labels for Refrigerate after opening

RECEIVED BY (PERSON IN CHARGE/TITLE) <i>Stefanie Davis</i>	DATE <i>10/21/19</i>	INSPECTOR <i>Stefanie Davis</i>
EPHS NO.	FOLLOW-UP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF FOLLOW-UP <i>10/21/19</i>