

PIKE COUNTY HEALTH DEPARTMENT
 OFFICE: 573-324-2111 FAX: 573-324-5517
FOOD ESTABLISHMENT REPORT

DATE 10/22/19
 PAGE 1 OF 2

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: China Restaurant / Cafe USA OWNER: Kirk Liu PERSON IN CHARGE: _____
 ADDRESS: 3408 Georgia St. ESTABLISHMENT LICENSE NO. _____ COUNTY _____ REGION _____
 CITY/ZIP CODE: Louisiana 703353 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 FROZEN DESSERT Approved Disapproved Not Applicable
 Date Sampled: _____ Result: _____ License Number: _____

PURPOSE Pre-Opening Follow-Up Routine Complaint Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION
shrimp	33.4°	Prep top	oil	39.5°	small reach in drinks
sweet n sour	150°	hot holding	sauce	35.6°	small reach in - Cafe USA
brown Rice	150°	hot hold	ham	38°	prep top
ginger tea sauce	48°	small reach in - drinks	gravy / nashbrowns	117°/107°	cookies to p

RISK FACTORS AND INTERVENTIONS biscuits 31° Cafe USA fridge

COMPLIANCE	DEMONSTRATION OF KNOWLEDGE	CODE REF.	R	COS	COMPLIANCE	POTENTIALLY HAZARDOUS FOODS TIME & TEMPERATURE	CODE REF.	R	COS
<input 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 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 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 type="checkbox"/> IN <input type="checkbox"/> OUT <input 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 type="checkbox"/> N/A	Parasite destruction	3-402.11		
<input checked="" type="checkbox"/> IN <input 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 type="checkbox"/> N/A	Hot holding	3-501.16		
<input 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 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 type="checkbox"/> N/A	Time as a public health control (procedures / records)	3-501.19		
<input type="checkbox"/> IN <input 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 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 type="checkbox"/> IN <input checked="" 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: 10/22/19
 INSPECTOR: [Signature] EPHS NO. _____ FOLLOW-UP YES NO DATE OF FOLLOW-UP: 10/29/19
 Stefanie Davis

FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME <i>China Restaurant / Cafe USA</i>	ADDRESS <i>3408 Georgia St.</i>	CITY <i>Louisiana</i>
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FOOD CODE REFERENCES	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)	INIT.
2 MANAGEMENT/PERSONNEL				
2-1 Supervision				
2-2 Employee Health				
2-3 Personal Cleanliness				
2-4 Hygienic Practices				
3 FOOD				
3-1 Characteristics				
3-2 Sources, Containers & Records				
3-3 Protection from Contamination				
3-4 Cooking, Parasite Destruction, Reheating				
3-5 Limiting Growth of Organisms				
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				

- Raw sausage stored above biscuits - Cafe USA
- Raw meat must be stored under ready to eat items
- Potentially hazardous food held at improper temp
- hash browns Cafe USA
- No labeled spray bottle - all bottles need a label of contents - both
- improper storage of toxics - dysox over food in packages both
- Hot Shot bug spray not approved for use in food service - Cafe USA

NOTE: hat, hairnet or visor must be worn when cooling / food prep

FOOD CODE REFERENCES	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				
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				

- handwash signage needed @ Cafe USA
- handwash sinks need cleaning - China Rest.
- improper thawing - China Rest. Food may only thaw in the fridge, under running water or in microwave just prior to cooking - China
- food in storage must be covered - small white chest freezers near donut display - China
- the proper use of ware washing sink - food prep must be in prep sink - China
- walls behind bucket, top of freezers, walk-in freezer needs cleaning - China
- all items put into a different container needs 7-day discard date - ketchup, Boils, Peanut butter - both
- glasses on shelf near prep sink needs to be stored in a different place - China
- once cut broccoli must be stored below 41° - China
- NO sponges allowed in food service - green scrubby is allowed. - Cafe USA

EDUCATION PROVIDED OR COMMENTS *- towel under prep sink needs removal - Cafe USA*

**mark a location for personal food items; *fold all bags closed when*
**check all sauces for refrigerate after opening* *Not in use*
**A door to warehouse - weather strip & keep closed*

RECEIVED BY (PERSON IN CHARGE/TITLE) <i>Clyde Re</i>	DATE <i>10/22/19</i>	INSPECTOR <i>Stefanie Davis</i>
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