

DBA/NAME	DATE
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OBSERVATIONS AND CORRECTIVE ACTIONS

- 1- No food safety certificate. Provide documentation within sixty days that at least one person currently working at this facility has passed an approved food safety certification examination. Fax or mail to this Department. Please include name of facility on certificate.
- 6- No paper towels at back hand sink. Provide.
- 33- Observed missing/damaged laminate throughout facility. Repair where needed to be smooth and easily cleanable.
- 35- Observed freezer covers stored in mop sink. Store lids on approved shelving so as to prevent contamination. Clean inside ice machine to remove residues. Observed lifting lids on ice cream display freezer to be cracked. Replace to facilitate cleaning.
- 41- Observed leak at front hand sink faucet. Repair.
- 44- Observed wet mop stored head down in bucket. Store mop so as to dry completely between uses.
- 45- Observed cracks in vinyl flooring around ice machine. Repair to be smooth, nonabsorbent and easily cleanable.