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SCSD

NAME OF ESTABLISHMENT: Elger Bay Elementary School ADDRESS OR LOCATION: 1810 Elger Bay Road CITY: Camano Island
 MEALS SERVED: B-1 D-C-O PURPOSE OF INSPECTION: Routine Operational Reinspection Illness Investigation Temporary Complaint ESTABLISHMENT TYPE: Institutional Full RISK CATEGORY: 2
 MEALS OBSERVED: B-L-D-C-O DATE: 2-27-19 TIME IN: 12:10 ELAPSED TIME: 0 TOTAL POINTS: 0 RED POINTS: 0 REPEAT RED: 0 PHONE: 0

RED HIGH RISK FACTORS

High Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury.

Circles indicate compliance status (IN, OUT, N/O, N/A) for each item.

IN = In Compliance OUT = Not In Compliance N/O = Not Observed N/A = Not Applicable CDI = Corrected During Inspection R = Repeat Violation

#	Compliance Status	CDI	R	PTS
Demonstration of Knowledge				
1	IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	5
2	IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	5
Employee Health				
3	IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	25
Preventing Contamination by Hands				
4	IN OUT N/O	<input type="checkbox"/>	<input type="checkbox"/>	25
5	IN OUT N/A N/O	<input type="checkbox"/>	<input type="checkbox"/>	25
6	IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	10
Approved Source, Wholesome, Not Adulterated				
7	IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	15
8	IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	15
9	IN OUT N/A N/O	<input type="checkbox"/>	<input type="checkbox"/>	10
10	IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	10
11	IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	10
12	IN OUT N/A N/O	<input type="checkbox"/>	<input type="checkbox"/>	5
Protection from Cross Contamination				
13	IN OUT N/A N/O	<input type="checkbox"/>	<input type="checkbox"/>	15
14	IN OUT N/A N/O	<input type="checkbox"/>	<input type="checkbox"/>	5
15	IN OUT N/A N/O	<input type="checkbox"/>	<input type="checkbox"/>	5

#	Compliance Status	CDI	R	PTS
Potentially Hazardous Food Time and Temperature				
16	IN OUT N/A N/O	<input type="checkbox"/>	<input type="checkbox"/>	25
17	IN OUT N/A N/O	<input type="checkbox"/>	<input type="checkbox"/>	25 (5)
18	IN OUT N/A N/O	<input type="checkbox"/>	<input type="checkbox"/>	25
19	IN OUT N/A N/O	<input type="checkbox"/>	<input type="checkbox"/>	25
20	IN OUT N/A N/O	<input type="checkbox"/>	<input type="checkbox"/>	15
21	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	10 (5)
22	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	5
Consumer Advisory				
23	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	5
Highly Susceptible Populations				
24	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	10
Chemical				
25	IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	10
Conformance with Approval Procedures				
26	IN OUT	<input type="checkbox"/>	<input type="checkbox"/>	10
27	IN OUT N/A	<input type="checkbox"/>	<input type="checkbox"/>	10

Red Points: 6

BLUE LOW RISK FACTORS

Low Risk Factors are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods. Circled points indicate items not in compliance.

#	Compliance Status	CDI	R	PTS
Food Temperature Control				
28	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	5
29	Adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	5
30	Proper thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	3
Food Identification				
31	Food properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	5
Protection from Contamination				
32	Insects, rodents, animals not present; entrance controlled	<input type="checkbox"/>	<input type="checkbox"/>	5
33	Potential food contamination prevented during delivery, preparation, storage, display	<input type="checkbox"/>	<input type="checkbox"/>	5
34	Wiping cloths properly used, stored; proper sanitizer	<input type="checkbox"/>	<input type="checkbox"/>	5
35	Employee cleanliness and hygiene	<input type="checkbox"/>	<input type="checkbox"/>	3
36	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	3
Proper Use of Utensils				
37	In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	3
38	Utensils, equipment, linens properly stored, used, handled	<input type="checkbox"/>	<input type="checkbox"/>	3
39	Single-use and single-service articles properly stored, used	<input type="checkbox"/>	<input type="checkbox"/>	3

#	Compliance Status	CDI	R	PTS
Utensils and Equipment				
40	Food and nonfood surfaces properly used and constructed; cleanable	<input type="checkbox"/>	<input type="checkbox"/>	5
41	Warewashing facilities properly installed, maintained, used; test strips available and used	<input type="checkbox"/>	<input type="checkbox"/>	5
42	Food-contact surfaces maintained, cleaned, sanitized	<input type="checkbox"/>	<input type="checkbox"/>	5
43	Nonfood-contact surfaces maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>	3
Physical Facilities				
44	Plumbing properly sized, installed, and maintained; proper backflow devices, indirect drains; no cross-connections	<input type="checkbox"/>	<input type="checkbox"/>	5
45	Sewage, wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	5
46	Toilet facilities properly constructed, supplied, cleaned	<input type="checkbox"/>	<input type="checkbox"/>	3
47	Garbage, refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	3
48	Physical facilities properly installed, maintained, cleaned; unnecessary persons excluded from establishment	<input type="checkbox"/>	<input type="checkbox"/>	2
49	Adequate ventilation, lighting, designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	2
50	Posting of permit; mobile establishment name easily visible	<input type="checkbox"/>	<input type="checkbox"/>	2

Blue Points: 0

Use the following blank lines to write comments.

Person In Charge (Signature): [Redacted] Person In Charge (Print Name): Marlene K. Anderson Date: 2-27-19
 Regulatory Authority (Signature): [Redacted] Regulatory Authority (Print Name): Sully Waters Follow-up Needed? Yes No

Food Establishment Inspection Report



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NAME OF ESTABLISHMENT

Elger Bay Elementary School

ADDRESS OR LOCATION

CITY

MEALS SERVED B L D C O

MEALS OBSERVED B L D C O

PURPOSE OF INSPECTION

- Routine
- Illness Investigation
- Other:
- Preoperational
- Temporary
- Reinspection
- Complaint

ESTABLISHMENT TYPE

RISK CATEGORY

DATE 2-27-19

TIME IN

ELAPSED TIME

TOTAL POINTS

RED POINTS

REPEAT RED

PHONE

TEMPERATURE OBSERVATIONS

Food	Location	Temp (°F)	Food	Location	Temp (°F)
pizza	Hot holding	1190°F			
pizza	oven	cooking			
milk	milk cooler	41°F			
milk	walk-in	37°F			
produce/cheese					
Salad bar	gym	41°F			

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames specified.	Points

Comments

Person In Charge (Signature)		Person In Charge (Print Name)	Marlene K. Anderson	Date	2-27-19
Regulatory Authority (Signature)		Regulatory Authority (Print Name)	Sally Waters	Follow-up Needed?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>