

FORM 3-A Summit County Health Department Food Establishment Inspection Form Page 1 of 1

Inspector: Rebecka Humberger No. of Risk Factor/Intervention/Violations: _____ Date: 9/19/14 Time In: 1:45 Time Out: _____
 No. of Repeat Risk Factor/Intervention/Violations: _____ Purpose of Inspection: Routine
 Establishment: Shoyu Sushi House Permit #: 14-192 Risk Category: 3A Telephone: _____
 Address: 1612 Ute Blvd #116 Park City UT 84098 City/State/Zip: _____ Phone: _____

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark 'x' in appropriate box for COS and/or R
 IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation

Compliance Status	cos	R	Compliance Status	cos	R
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT Person in charge present, demonstrates knowledge, and performs duties.			17 <input checked="" type="radio"/> IN <input type="radio"/> OUT Proper disposition of returned, previously served, reconditioned and unsafe food.		
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Certified Food Protection Manager/food handlers.			18 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cooking time & temperatures.		
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT Management, food employee and conditional employee, knowledge, responsibilities and reporting.			19 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper reheating procedures for hot holding.		
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT Proper use of restriction and exclusion.			20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cooling time and temperature.		
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Procedures for responding to vomiting and diarrheal events.			21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper hot holding temperatures.		
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O Proper eating, tasting, drinking, or tobacco use.			22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cold holding temperatures.		
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O No discharge from eyes, nose, and mouth.			23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper date marking and disposition.		
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O Hands clean & properly washed.			24 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Time as a Public Health Control procedure & records.		
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed.			25 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A Consumer advisory provided for raw undercooked food.		
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT Adequate handwashing sinks properly supplied and accessible.			26 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Pasteurized foods used; prohibited foods not offered.		
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT Food obtained from approved source.			27 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Food additives approved & properly used.		
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Food received at proper temperature.			28 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Toxic substances properly identified, stored, & used.		
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT Food in good condition, safe & unadulterated.			29 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Compliance with variance/specialized process/MACOP.		
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Required records available: shellstock tags, parasite destruction.			Dishwasher: High Low Sink Temp _____ F _____ ppm		
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Food separated and protected.			Dishwasher: High Low Sink Temp _____ F _____ ppm		
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O Food-contact surfaces, cleaned & sanitized.			Sanitizer bucket: Quat Cl _____ ppm _____ ppm _____ ppm		

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark 'X' in box if numbered item is not in compliance. Mark 'X' in appropriate box for COS and/or R. COS=corrected on-site during inspection. R=repeat violation.

Compliance Status	cos	R	Compliance Status	cos	R
30 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Pasteurized eggs used where required.			43 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O In use utensils, properly stored.		
31 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Water & ice from approved source.			44 <input checked="" type="radio"/> X <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Utensils, equipment & linens properly stored, dried & handled.		
32 <input checked="" type="radio"/> X <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Variance obtained for specialized processing methods.			45 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Single-use single service articles properly stored & used.		
33 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Proper cooking methods used, adequate equipment for temperature control.			46 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Gloves used properly.		
34 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Plant food properly cooked for hot holding.			47 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Food & non-food contact surfaces cleanable, properly designed, constructed & used.		
35 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Approved thawing methods used.			48 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Warewashing facilities installed, maintained & used; test strips.		
36 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Thermometers provided & accurate.			49 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Non-food contact surfaces clean.		
37 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Food properly labeled original container.			50 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Hot & cold water available, adequate pressure.		
38 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Insects, rodents, & animals not present.			51 <input checked="" type="radio"/> X <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Plumbing installed, proper backflow devices.		
39 <input checked="" type="radio"/> X <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Contamination prevented during food preparation, storage & display.			52 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Sewage & waste water properly disposed.		
40 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Personal cleanliness.			53 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Toilet facilities: Properly constructed, supplied & cleaned.		
41 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Wiping cloths: properly used & stored.			54 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Garbage & refuse properly disposed; facilities maintained.		
42 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Washing fruits & vegetables.			55 <input checked="" type="radio"/> X <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Physical facilities installed, maintained & clean.		
			56 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O Adequate ventilation & lighting; designated areas used.		

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Shrimp display</u>	<u>29°</u>	<u>Chicken reach in</u>	<u>38°</u>		
<u>oregano display</u>	<u>35</u>	<u>sprouts reach in</u>	<u>40°</u>		
<u>Yupia display</u>	<u>58</u>	<u>Scallops reach in</u>	<u>16°</u>		
<u>Salmon reach in</u>	<u>50</u>	<u>Salmon reach in</u>	<u>36</u>		

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the Food Code.

- 51 ~~Handwash sink plugged, back sink, leaks~~
 - 47 ~~Towels used for sheet lining~~
 - 10 ~~NO sanitizer bucket, no sponges beyond single use, item in ice machine~~
 - 55 ~~Hood needs cleaned, filters need sealed, grease trap smelt~~
 - 15 ~~Handlens in food items in back~~
 - 55 ~~Tiles need replaced in back, mop needs to air dry, seal 3 comp~~
 - 20 ~~sink to wall~~
 - 20 ~~Tuna in cold hold display over 41°~~
 - 6 ~~Employee food needs designated area out of food prep area/dishes lids v/~~
 - 4 ~~use exclusion log~~ 55 ~~Remove child play equipment in back~~
- Person in Charge (Signature): R Humberger Date: 9/19/14
 Follow Up: YES NO Follow Up Date: 2 weeks

9. Use gloves during food prep.

5. Need jointitorial sink
29, 32 Need rice tested at lab
55. FRNT display needs repaired - silver dust, soda nozzles need cleaned every 24 hours