

## FOOD SAFETY INSPECTION REPORT

<b>Establishment</b> HOMESTYLE DIRECT LLC	<b>Permit#</b> 3763	<b># Risk Factor Violations</b> 0	<b># GRP Violations</b> 0
		<b># Repeat Risk Factor Violations</b> 0	<b># Repeat GRP Violations</b> 0
		<b>Total Score</b> 0	<b>Total Score</b> 0
<b>Address</b> 2032 HIGHLAND AVE EAST TWIN FALLS ID 83301		<b>Follow-up Date</b>	<b>Risk Category</b> High
<b>Type of Inspection</b> Follow-up -	<b>Inspection Time</b> 37 min.	<b>Travel Time</b>	<b>EHS</b> Brian Shiroma
			<b>Date</b> 18-Dec-23

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

**IN** = in compliance    **OUT** = not in compliance    **N/O** = not observed    **N/A** = not applicable    **COS** = corrected on-site during inspection    **R** = repeat violation

**Risk factors** are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury.

**Public health interventions** are control measures to prevent foodborne illness or injury

Compliance Status	COS	R	Compliance Status	COS	R
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#### Supervision (2-102)

			In 16 Food-contact surfaces: cleaned and sanitized		
In 01 PIC present, demonstrates knowledge, and performs duties	<input type="checkbox"/>	<input type="checkbox"/>	In 17 Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="checkbox"/>	<input type="checkbox"/>
In 02 Certified Food Protection Manager	<input type="checkbox"/>	<input type="checkbox"/>			

#### Employee Health (2-102, 2-501)

			N/O 18 Proper cooking time and temperatures		
In 03 Management and food employee knowledge, and conditional employee; Knowledge, responsibility and reporting	<input type="checkbox"/>	<input type="checkbox"/>	N/O 19 Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
In 04 Proper use of restrictions and exclusions	<input type="checkbox"/>	<input type="checkbox"/>	In 20 Proper cooling time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>
In 05 Clean-up of Vomiting and Diarrheal Events	<input type="checkbox"/>	<input type="checkbox"/>	N/O 21 Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>

#### Good Hygienic Practices (2-401)

			N/O 22 Proper cold holding temperatures		
In 06 Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	N/O 23 Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
In 07 No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>	N/A 24 Time as a Public Health Control: procedures and records	<input type="checkbox"/>	<input type="checkbox"/>

#### Preventing Contamination by Hands (2-301, 3-301)

			In 25 Consumer advisory provided for raw or undercooked foods		
N/O 08 Hands clean and properly washed	<input type="checkbox"/>	<input type="checkbox"/>			
N/O 09 No bare hand contact with RTE foods or a pre-approved alternative procedure properly followed	<input type="checkbox"/>	<input type="checkbox"/>			
In 10 Adequate handwashing sinks, properly supplied and accessible	<input type="checkbox"/>	<input type="checkbox"/>			

#### Consumer Advisory (3-603)

#### Highly Susceptible Populations (3-801)

			In 26 Pasteurized foods used; prohibited foods not offered		

#### Approved Source (3-201, 3-202)

			N/A 27 Food additives: approved and properly used		
In 11 Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	In 28 Toxic substances properly identified, stored, and used; held for retail sale, properly Stored	<input type="checkbox"/>	<input type="checkbox"/>
N/O 12 Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>			
In 13 Food in good condition, safe, and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>			

#### Food/Color Additives and Toxic Substances (3-302)

			N/A 29 Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan		

#### Conformance with Approved Procedures (3-502)

#### Protection from Contamination (3-302, 4)

N/O 15 Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>			
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<b>Establishment</b> HOMESTYLE DIRECT LLC	<b>Permit#</b> FS-014139	<b>Date</b> 18-Dec-23
<b>OBSERVATIONS AND CORRECTIVE ACTIONS</b>		

Item P /Pf/ C                      Violations cited in this report must be corrected in the frames below as indicated.                      Correction Date

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### GOOD RETAIL PRACTICES

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Compliance Status	COS	R	Compliance Status	COS	R
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#### Safe Food and Water (3-302)

In 30 Pasteurized eggs used where required

In 31 Water and ice from approved source

N/A 32 Variance obtained for specialized processing methods

#### Food Temperature Control (4-203)

In 33 Proper cooling methods used; adequate equipment for temperature control

N/O 34 Plant food properly cooked for hot holding

N/O 35 Approved thawing methods used

In 36 Thermometers provided and accurate

#### Food Identification (3-302)

In 37 Food properly labeled; original container

#### Prevention of Food Contamination (6-501)

In 38 Insects, rodents, and animals not present

In 39 Contamination prevented during food preparation, storage, and display

In 40 Personal cleanliness

In 41 Wiping cloths; properly used and stored

In 42 Washing fruits & vegetables

#### Proper Use of Utensils (3-304)

In 43 In-use utensils; properly stored

In 44 Utensils, equipment & linens; properly stored, dried, & handled

In 45 Single-use/single-service articles; properly stored, used

In 46 Gloves used properly

#### Utensils, Equipment and Vending (4-801)

In 47 Food and non-food-contact surfaces cleanable, properly designed, constructed and used

In 48 Warewashing facilities, installed, maintained, used, test strips

#### Physical Facilities (5-203, 5-501)

In 49 Non-food-contact surfaces clean

In 50 Hot and cold water available; adequate pressure

In 51 Plumbing installed; proper backflow devices

In 52 Sewage and waste water properly disposed

In 53 Toilet facilities: properly constructed, supplied, clean

In 54 Garbage/refuse properly disposed; facilities maintained

In 55 Physical facilities installed, maintained, and clean

In 56 Adequate ventilation and lighting; designated areas used

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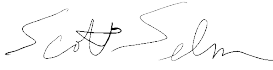

OBSERVATIONS AND CORRECTIVE ACTIONS		
Item	P /Pf/ C	Correction Date
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TEMPERATURE OBSERVATIONS			
Item/Location	Temperature in Fahrenheit	Item/Location	Temperature in Fahrenheit

No Temperature Observed

CLOSING COMMENTS
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HACCP plan being developed  
All violations resolved

<b>Person in Charge (Print Name):</b>	Scott Selman	<b>Date</b>	18-Dec-23
<b>Person in Charge (Signature):</b>			
<b>Inspector (Print Name):</b>	Brian Shiroma, EHS	<b>Follow-up</b>	
<b>Inspector (Signature):</b>			

INSPECTION ADDITIONAL DETAILS
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Additional Inspectors Present for Inspection: N/A