

OPERATING WITHOUT A LICENSE

This inspection report shall not be defaced or removed by any person except an individual authorized by the Oregon Health Authority



Establishment Name:

Inspection Date:

Menu:

Mobile Unit Description:

Establishment #:

Operating location at time of inspection:

City, Zip:

County:

Owner Name:

Owner Mailing:

Owner Email:

Specific violation:	OAR 333-150-0000:	Required correction:
<input type="checkbox"/> Person in charge not assigned or cannot demonstrate knowledge, specifically:	2-101.11 ^{Pf} , 2-102.11 ^{Pf}	
<input type="checkbox"/> Improper hand washing/use of hand sanitizers/facilities, specifically:	2-301.11 ^P , 2-301.14 ^P , 2-301.16 ^{Pf} , 5-203.11 ^{Pf} , 5-205.11 ^{Pf} , 6-301.11 ^{Pf} , 6-301.12 ^{Pf}	
<input type="checkbox"/> Bare hand contact with ready-to-eat food not minimized, glove use, specifically:	3-301.11 ^P , 3-304.15(A) ^P	
<input type="checkbox"/> Food, ice or water from unapproved sources specifically:	3-101.11 ^P , 3-201.11 ^P , 3-201.17 ^P , 5-101.11 ^P	
<input type="checkbox"/> Potentially hazardous food at improper temperatures, cooling/heating/holding capacity, specifically:	4-301.11 ^{Pf} , 3-501.16 ^P	
<input type="checkbox"/> Food not protected during transport, display, storage or prep, specifically:	3-302.11 ^P , 3-303.11 ^P	
<input type="checkbox"/> Food-contact surfaces not clean and sanitized, specifically:	3-304.11 ^P , 4-501.114 ^P , 4-601.11(A) ^{Pf} , 4-602.11(A,C) ^P	
<input type="checkbox"/> Thermometers not provided or accurate specifically:	4-203.11 ^{Pf} , 4-302.12 ^{Pf}	
<input type="checkbox"/> Missing sanitizer test strips, specifically:	4-302.14 ^{Pf}	
<input type="checkbox"/> Equipment and utensils not properly washed, specifically:	4-301.12 ^{Pf}	
<input type="checkbox"/> Operating without a license, specifically:	OAR 333-162-1005, ORS 624.320(1)	Oregon Revised Statute 624.320 requires that a person may not operate a mobile unit without first procuring a license to do so from the Oregon Health Authority. The operator shall affix a card, emblem or other device clearly showing the name and address of the licensee and the serial number of the license to each mobile unit.
<input type="checkbox"/>		
<input type="checkbox"/>		

AN INSPECTION ON YOUR MOBILE UNIT HAS THIS DAY BEEN MADE AND YOU ARE HEREBY NOTIFIED OF THE VIOLATIONS FOUND UNDER ORS CHAPTER 624, OAR 333-150. ORS 624.370; 431A.010. CIVIL PENALTIES OR CLOSURE OF THE FOOD ESTABLISHMENT MAY RESULT. YOU WOULD BE OFFERED A CONTESTED CASE HEARING FOR ANY SUCH CIVIL PENALTY OR CLOSURE IN ACCORDANCE WITH ORS CHAPTER 183.

Person In Charge:

EHS:

Date:

Printed Name:

Phone Number:

Score:

34-66 (08/24)