

Reg. #	Month	Day	Year	Ins. Time	Mgr. Cert.	County	Establishment #	Date of Exp.	Type	Class	Priority
1352	12	08	08	11:22		49	6525	2009	ASF		H
Purpose of Inspection: 1-Routine 2-Compliance 3-Issue License Application 4-Complaint 5-Other 6-Out of Business 7-Follow-Up Activity											
Establishment: <u>COUNTRY COLTAGE RESTAURANT</u> Owner: <u>Kenneth Moore</u>											
Physical Address: <u>2570 Hwy 82 S.</u>				City: <u>Laurel Grove</u>		Zip: <u>74352</u>		Phone: ( ) -			
++ Denotes CDC Risk Factor				OT - Out of Compliance		NA - Not Applicable		Cell Phone: ( ) -			
* Denotes FDA - Identified Risk Factors and Food Code				IN - In Compliance		NO - Not Observed					
<b>OAC 310:257</b>											Correct by Date
<b>I. Food (PHF) Temperature/Time Requirements</b> Violations Require Immediate Corrective Action (CDI) = corrected during inspection											
5-67					X						
1. Proper Cooling for Cooked/Prepared Food (135° - 70°F in 2 hrs./70° - 41°F in 4 hrs.) ++*											
5-9(a),59(2),62						X					
2. Cold Hold (41°F)/Time Control ++*											
5-9(b),59(1),62,							X				
3. Hot Hold (135°F)/Time Control++*											
5-25,46,47							X				
4. Proper Cooking Temperature per PHF ++*											
5-52							X				
5. Rapid Reheating (165°F in 2 hrs)++*											
<b>II. Personnel/Handling/Source Requirements - Requires Immediate Corrective Action</b>											Date
3-5,7,19						X					
6. Personnel with Infections Restricted/Excluded ++*											
3-9, 10, 12, 19, 21; 5-21							X				
7. Proper Handwashing/Proper Handling of Ready- To- Eat ++*											
3-8, 18						X					
8. Good Hygienic Practices (Eating/Drinking/Smoking/Other)++*											
5-1-9, 9(c)(d), 10-12, 14, 16-19, 49, 63, 64, 70						X					
9. Approved Source/Sound Condition ++*											
5-13, 22, 23(a)(4), 27, 29, 30, 41, 43(a), 44; 11-44; 15-5						X					
10. Food Protected during Storage, Display, Transportation, Service											
5-23(a)(1)(b); 7-4, 5						X					
11. Cross-Contamination of Raw/Cooked Foods/Other ++											
3-1-4						X					
12. Demonstration of Knowledge / Person In Charge *											
9-8, 9						X					
13. Hot and Cold Water Under Pressure / Sufficient Capacity											
<b>III. Facility and Equipment Requirements - Requires Corrective Action Within 10 Calendar days</b>											Date
7-36, 50, 56						X					
14. Equipment Adequate to Maintain Product Temperature/Accurate Thermometers Provided											
9-18, 23, 26; 11-23, 24, 25, 27; 11-35, 44						X					
15. Handwash Facilities Adequate/Accessible with Soap and Towels											
11-15, 50, 54						X					
16. Evidence of Rodent/Insect Contamination/Other Animals/Outer Openings Protected											
13-1-17, 19						X					
17. Toxic Items Properly Used/Stored/Labeled											
7-72, 73, 75, 79, 93, 95; 13-7,10						X					
18. Manual/Mechanical Warewashing and Sanitizing at ( ) ppm/temperature*											
9-1-5, 12, 13(a), 15, 19, 21, 22, 27; 5-64,70; 13-9						X					
19. Approved Water Supply/Sewage Disposal Systems/Cross-Connections											
7-1, 12, 14, 15, 63, 82(a)(b), 83, 92, 94; 9-29, 41; 11-44						X					
20. Food Contact Surfaces of Equipment and Utensils Cleaned/Sanitized/Good Repair *											
5-20, 61, 69							X				
21. Date Marking; Consumer Advisory (Raw, Undercooked Animal Foods); Shellstock tags											
15-12,17,21						X					
22. Valid license to operate, non-renewal of license, and license not transferable											
Co. Health Dept. Phone #	Follow - up Required Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Based on an inspection this day, the items documented above identify the violations in operations or facilities, which must be corrected. Items 1-13 must be corrected immediately, items 14-21 must be corrected within 10 days, and all additional items must be corrected within 90 days or as noted. Failure to comply with any time limits for corrections specified in this notice may result in cessation of your Retail Food Establishment operations.								SEE NEXT PAGE(S)  2
Date:											



INSPECTION REPORT

Establishment <b>Countryside Cottage Restaurant</b>					License No. <b>6329</b>		Date <b>12 Nov 08</b>		
Food	Temp	Process	Location	Time	Food	Temp	Process	Location	Time

Violation Item Number	Based on an inspection this day, the items documented below identify the violations in operations or facilities, which must be corrected. As indicated on the inspection form, the items 1-13 must be corrected immediately. Items 14-21 must be corrected within 10 calendar days. All additional items must be corrected within 90 days or such shorter time as specified by the regulatory authority. Failure to comply with any time limits for corrections specified in this notice may result in cessation of your Retail Food Establishment operation.	Correct By Date/ (Time)
cell 1208	<ul style="list-style-type: none"> <li>-01 - Grill prep fridge handles <sup>Beverage Air</sup></li> <li>-02 - Grill prep cutting board <sup>front + back</sup></li> <li>-03 - Grill prep fridge shelves <sup>Beverage Air</sup></li> <li>-04 - Small Hobart mixer and bowl</li> <li>-05 - Kitchen prep sink near stove</li> <li>-06 - Pots at kitchen storage</li> <li>-07 - Tilt Grill</li> <li>-08 - microwaves (2) at grill prep (interior)</li> <li>-09 - chicken broaster surface</li> <li>-10 - chicken broasters (2) surfaces</li> <li>-11 - Floor drains at grill station</li> <li>-12 - Hobart grinder/slicer (vegetable)</li> <li>-13 - Salad prep Table</li> <li>-14 - Bakery prep Table</li> <li>-15 - Large Hobart mixer and bowl</li> <li>-16 - Large plastic pans for salad prep</li> <li>-17 - Strainers at pan storage near bakery/salad prep</li> <li>-18 - Simple Steam Steam unit</li> <li>-19 - Winston CVAP holding cabinet</li> <li>-20 - Field Blank</li> <li>-21 - Sinks in dish machine room</li> <li>-22 - dish machine</li> <li>-23 - Blodgett ovens composite</li> <li>-24 - Vent hood</li> <li>-25 - Ice cream machine</li> <li>-26 - open produce walkin</li> <li>-27 - new case produce walkin</li> <li>-28 - Big walkin</li> <li>-29 - Walkin handles - composite</li> <li>-30 - Smoker</li> <li>-31 - chicken prep floor drains</li> <li>-32 - Salad/bakery prep floor drains</li> <li>-33 - Restroom door handles composite</li> <li>-34 - Restroom Faucet handles composite</li> <li>-35 - Ice machine</li> </ul>	

Comments:

- ENVIRONMENTAL SAMPLING (SWABS) + RE OPENING INSPECTION.
- AGREEMENT ORDER w/ ORIGINAL SIGNATURE IN MAIL (ROUTE DRIVER HAS) - will mail to

Inspected by: <i>[Signature]</i>	RPS# <b>1350</b>	Received by: <i>[Signature]</i>	Title
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REQUEST FOR ANALYSIS  
(Chain-of-Custody Form)

Name/Contact: OSDH  
 Address: 1000 NE 10th  
OK, OK 73117  
 Phone: 405/590 1985  
 Fax: 74352

County Cottage  
 6570 Hwy 82 S.  
 Locust Grove, OK  
 Phone: 74352  
 Fax: 74352

Sample Description	Test / Guarantee	Requested Analysis	Lab Use Only
CC11208-01			
from 35			
*SEE PAGE 3			
of inspection			
sheet for description			
County Cottage			
RESTAURANT SWAB			
SAMPLES			

I request the above analysis be performed & understand I may be required to pay the associated fees.  
 Relinquished/Submitted by: CM Moore Date: 11/12/08 Time: 1:30  
 Received for Lab by: [Signature] Date: 11/12/08 Time: 1:30

Relinquished by [Signature] 11/12/08 @ 16:10  
 Recd by: Janyfano 11-12-08 16:10