

Calaveras County Environmental Health Department

891 Mountain Ranch Road, Building E, San Andreas, CA 95249 Phone: 209-754-6399 Fax: 209-754-6722

Commercial Edible Food Generator Inspection

Facility Name:			
Facility Address:			_
Facility Contact Name:			
Facility Contact Number:	Email:		_
Date of Inspection:			
WHO: Tier I and Tier II Commercial Edible Food G	enerators.		
WHAT: Pursuant to 14 CCR § 18991.3 (b), Common the maximum amount of edible food that would of Generator shall comply with the requirements of twith any or all of the following: (1) Food Recovery Organization(s) or Services (2) Food Recovery Organization(s) that will a Food Generator self-hauls to the Food Recovery Organization (s)	therwise be disposed. A Cor his section through a contra e(s) that will collect their edi accept the edible food that t	nmercial Edible Food ct or written agreeme ble food for recovery. he Commercial Edible	ent
Section 18991.4. Recordkeeping Requirement. (1) Operator has provided a copy of current contraction Commercial Edible Food Generator and Food Record agreement(s) to this inspection form or be preparator.	ict(s) or written agreement(very Service or Organization	s) between the (s) (Attach copy of	
(2) Operator has shown a record of the following for Commercial Edible Food Generator has a contract 18991.3(b): (A) The name, address and contact informati	or written agreement with p	oursuant to Section	at the
YES NO (B) The types of food that will be collected by	_		
YES NO		e or organization.	
(C) The established frequency that food will by YES NO NO	be collected or self-hauled.		
(D) The quantity of food collected or self-hau		ion for food recovery.	The
quantity shall be measured in pounds recov	erea per month.		
(3) Operator can demonstrate, by way of written re	ecords, that a training progra	am which discusses sa	fe
food handling procedures for recoverable foods is i		NO	
(4) Environmental Health Specialist observes that gincluding segregated storage and proper temperate		_	
	YES [NO and page for EHS inspect	ion summarv



Specialist:

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Inspection Summary:			
If a "NO" is received in for following up with t			
Accepted by:	Title	Date:	

Date: