



**Monterey County Health Department
Environmental Health Division
Food Inspection Report**

620 Broadway, Ste. N. King City, CA 93930
(831) 386-6899

1200 Aguajito Rd., Ste. 103, Monterey, CA 93940
(831) 647-7654

1270 Natividad Rd., Rm 42, Salinas, CA 93906
(831) 755-4508

Facility Name: Patissierie Bossiere Address: Carmel Plaza, Carmel
 FA #: 0602335 PE#: 412 Owner/ Manager's Name: Ms. Wood Phone #: 624-5008
 Inspection Type: Routine Gold Seal:

In = In compliance N/O = Not observed N/A = Not applicable OUT = Out of compliance

= Items not in compliance COS = Corrected on-site MAJ = Major violation VC&D = Voluntary Condemnation & Destruction

DEMONSTRATION OF KNOWLEDGE				COS	MAJ	OUT	PROTECTION FROM CONTAMINATION				COS	MAJ	OUT	
<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/O	1. Demonstration of knowledge; food safety certification				<input type="checkbox"/>	<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/O	12. Returned and reservice of food		<input type="checkbox"/>		<input type="checkbox"/>	
		Food Safety Cert Name: <u>on file</u>					<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/A	13. Food in good condition, safe and unadulterated		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Exp. Date:					<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/O	14. Food contact surfaces: clean and sanitized		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EMPLOYEE HEALTH & HYGIENIC PRACTICES								Sanitizer Type: <input checked="" type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary <input type="checkbox"/> Iodine <input type="checkbox"/> Hot Water <input type="checkbox"/> Other						
<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/O	2. Communicable disease; reporting, restrictions & exclusions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sanitizer Concentration (ppm): <u>100ppm / 160s°F</u>							
<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/O	3. No discharge from eyes, nose, and mouth		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FOOD FROM APPROVED SOURCES							
<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/O	4. Proper eating, tasting, drinking or tobacco use		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/O	15. Food obtained from approved source		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PREVENTING CONTAMINATION BY HANDS								<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/O	16. Compliance with shell stock tags, condition, display		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> In	<input type="checkbox"/> N/O	5. Hands clean and properly washed; gloves used properly		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/O	17. Compliance with Gulf Oyster Regulations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> In	<input type="checkbox"/> N/A	6. Adequate handwashing facilities supplied & accessible		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONFORMANCE WITH APPROVED PROCEDURES							
TIME AND TEMPERATURE RELATIONSHIPS								<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/A	18. Compliance with variance, specialized process, & HACCP Plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/O	7. Proper hot and cold holding temperatures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONSUMER ADVISORY							
		<u>39-40</u> Gold Temp <u>N/O</u> Hot Temp					<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/O	19. Consumer advisory provided for raw or undercooked foods		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/A	8. Time as a public health control; procedures & records		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIGHLY SUSCEPTIBLE POPULATIONS							
<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/O	9. Proper cooling methods		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/A	20. Licensed health care facilities/ public & private schools; prohibited foods not offered		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/A	10. Proper cooking time & temperatures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WATER/HOT WATER							
<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/O	11. Proper reheating procedures for hot holding		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/A	21. Hot and cold water available		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								<u>over 120</u> Temp						
								LIQUID WASTE DISPOSAL / STORM WATER COMPLIANCE						
<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/A	22. Sewage and wastewater properly disposed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VERMIN							
<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/A	23. No rodents, insects, birds, or animals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

Food Item / Location	Temp	Quantity	VC&D	Food Item / Location	Temp	Quantity	VC&D
<u>Observed No Violations</u>							

SUPERVISION		OUT	PHYSICAL FACILITIES		OUT
24. Person in charge present and performs duties			41. Plumbing: proper backflow devices		
PERSONAL CLEANLINESS			42. Garbage and refuse properly disposed; facilities and dumpster area maintained		
25. Personal cleanliness and hair restraints			43. Toilet facilities: properly constructed, supplied, cleaned		
GENERAL FOOD SAFETY REQUIREMENTS			44. Premises; personal/cleaning items; vermin-proofing		
26. Approved thawing methods used, frozen food			PERMANENT FOOD FACILITIES		
27. Food separated and protected			45. Floor, walls and ceilings: built, maintained, and clean		
28. Washing fruits and vegetables			46. No unapproved private homes/ living or sleeping quarters		
29. Toxic substances properly identified, stored, used			SIGNS/ REQUIREMENTS		
FOOD STORAGE/ DISPLAY/ SERVICE			47. Signs posted: Last Inspection Report Available to Public		
30. Food storage; food storage containers identified			Handwashing		
31. Consumer self-service			No Smoking		
32. Food properly labeled & honestly presented			COMPLIANCE & ENFORCEMENT		
EQUIPMENT/ UTENSILS/ LINENS			48. Plan Review		
33. Nonfood contact surfaces clean			49. Permits Available		
34. Ware washing facilities: installed, maintained, used; test strips			50. Impoundment / Condemnation		
35. Equipment/ Utensils approved; installed; clean; good repair, capacity			51. Permit Suspension		
36. Equipment, utensils and linens: storage and use					
37. Vending machines					
38. Adequate ventilation and lighting; designated areas, use					

A charge of \$ _____ will be assessed for each re-inspection, complaint inspection, and complaint re-inspection per Mo. Co. Fee Resolution, Article 1.e. You are entitled to one follow-up inspection per routine inspection without extra charge. Your permit may be suspended or revoked for violations of the California Health and Safety Code. Health Permits are Non-Transferable. Permit suspension or revocation: You have a right to a hearing and must request the hearing in writing within 15 days from the date of suspension (CalCode Section 114405).

Received by (Print): Lynn Wood Title: Manager Inspection Date: 11/24/13
 Received by (Signature): Lynn Wood Reinspection Date: — (on or about)
 Specialist (Print): Ismael Chavira Specialist (Signature): Ismael Chavira - PE AS Phone: 647-7654