

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

AUTHORITY: Health - General Article §21-211-21-313 and 21-314, Annotated Code of Maryland

Food Service Facility Inspection Report

Date 7/1/2016	Time In	Time Out 11:50 AM	Purpose of Inspection Comprehensive	Priority Moderate
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Establishment YOGI CASTLE	Address 8874 MCGAW RD. STE. D	City / State Columbia, MD	Zip Code 21045
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License Number 8707	License Holder SUNG SONG	Telephone 4103815989	# of Seats 20	Handwash Signs Yes
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Certified Manager Name (If required)

Based on an inspection on this date, the items marked below identify violations of COMAR 10.15.03, regulations governing Food Service Facilities. Failure to comply with any time limits may result in suspension or revocation of your Food Service facility license, and may subject you to other penalties specified in Health-General Article §21-1214 & 1215, Annotated Code of Maryland.

Circle designated compliance status for each number item.		CRITICAL ITEMS	Mark "X" in appropriate box for COS and R		
IN = in compliance	OUT = not in compliance	Critical items are food safety requirements which must be followed to reduce the incidence of food-related illness and injury	COS = corrected on-site during inspection	COS	R
N/O = not observed	N/A = not applicable		R = repeat violation		

Compliance Status		Food Source and Protection			
1	In	Food obtained from approved sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	In	Food separated and protected from adulteration, spoilage, and contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Health and Hand Washing					
3	In	Food workers with infection or diarrhea restricted in accordance with COMAR 10.06.01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	In	Hands clean and properly washed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potentially Hazardous Food					
5	Not Applicable	Cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6a	In	Cold holding temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b	Not Observed	Hot holding temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7a	Not Observed	Cooking time and temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7b	Not Applicable	Reheating time and temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and Sewage					
8	In	Potable hot and cold running water provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	In	Sewage discharged in accordance with all applicable State and local codes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark "X" in box if numbered item is not in compliance		GOOD RETAIL PRACTICES	Mark "X" in appropriate box for COS and R		
COS = corrected on-site during inspection		Good Retail Practices are preventable measures to control the introduction of pathogens, chemicals and physical objects into foods.	R = repeat violation	COS	R

Food Temperature Control				Utensils and Equipment-Design, Installation and Storage			
10	<input type="checkbox"/> Thawing methods	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/> Single-use/single-service articles: use, storage, dispensing	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/> Cooling methods	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/> Food-contact surfaces and equipment: cleaned and sanitized, storage	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/> Time-only: procedures and record keeping	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/> Food-contact surfaces and equipment: properly designed, constructed and used	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/> Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/> Warewashing facilities: installed, maintained, used, test strips	<input type="checkbox"/>	<input type="checkbox"/>
Food Identification				Physical Facilities			
14	<input type="checkbox"/> Labeling accurate, truthful, date	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/> Garbage/refuse properly disposed: facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/> Required records available: shellfish tags, egg records	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/> Plumbing installed: proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Food Adulteration, Spoilage and Contamination				29	<input type="checkbox"/> Toilet facilities: properly constructed, supplied, cleaned	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/> Adulteration, spoilage and contamination practices during food preparation, storage and display	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/> Physical facilities and non-food-contact surfaces installed, maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/> Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/> Adequate ventilation and lighting	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/> No bare hand contact with ready-to-eat food and proper utensil use	<input type="checkbox"/>	<input type="checkbox"/>	Miscellaneous			
19	<input checked="" type="checkbox"/> Adequate hand washing facilities supplied and accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32	<input checked="" type="checkbox"/> Required postings: license, choking poster, consumer advisory	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/> Toxic substances: use, storage, labeling	<input type="checkbox"/>	<input type="checkbox"/>	33	<input type="checkbox"/> HACCP plan complies with requirements in COMAR 10.15.03	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/> Wiping cloths: properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>	Critical items must be corrected immediately. Good Retail Practices must be corrected within 30 days or as specified in written compliance schedule, while Temporary Facilities must correct Good Retail Practices within 24 hours.			
22	<input type="checkbox"/> Insects, rodents, and animals: not present, control means	<input type="checkbox"/>	<input type="checkbox"/>				

	Received by:
	Date: 7/1/2016
	Inspected by: Inspector 85
	Contact Number: Ph. 410-313-1772
	Follow-up Select... Follow-up Date