



Pre-Operational Inspection Report

| Facility Information | | Audit Information | |
|---|-----------------------------------|--------------------|---|
| Permit Number: | 35-206-00824 | Audit Name: | Pre-Operational Inspection for Retail Food |
| Facility Name: | JENNINGS HOTDOGS | Audit Type: | 01_Permit Issued Inspection-Change of Ownership |
| Address: | 902 SOUTH MAIN STREET | Start Date: | 21 Jul 2016 02:40 PM |
| Facility Service (Full/Limited): | F | End Date: | 21 Jul 2016 03:00 PM |
| City/State/Zip: | MCCORMICK, SC 298350000 MCCORMICK | Inspector: | Bob Bailey |
| Contact Name: | Stacy Blair | | |

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|-----------------------|
| Overall Rating |
| Permit Issued |

Retail Food Establishment Information

| Item | Answer |
|-----------------------|------------|
| Type of Establishment | Restaurant |

Water, Wastewater, Fixtures, Plumbing

| Item | Answer |
|--------------------------------------|--------|
| 1. Drinking Water Supply | IN |
| 2. Sewage Disposal | IN |
| 3. Hand Sinks (Conveniently Located) | IN |
| 4. Mop Sink/Can Wash | IN |
| 5. Manual Warewashing Sink | IN |
| 6. Backflow Prevention (Water) | IN |
| 7. Backflow Prevention (Sewage) | IN |
| 8. Grease Trap/Grease Interceptor | IN |

Operations

| Item | Answer |
|--|--------|
| 1. Hand Sinks (Soap, Hand Drying) | IN |
| 2. Food Contact Surfaces Clean | IN |
| 3. Non-Food Contact Surfaces Clean | IN |
| 4. Construction Materials/Debris Removed | IN |

Signage, Documentation

| Item | Answer |
|---|----------------|
| 1. Consumer Advisories (Displayed/Accurate) | Not Applicable |
| 2. Handwashing | IN |
| 3. Mobile Name | Not Applicable |
| 4. Commissary Information | Not Applicable |
| 5. Pet Dining | Not Applicable |

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|--------------------------------------|----|
| 6. Certified Food Protection Manager | IN |
|--------------------------------------|----|

Storage

| Item | Answer |
|---|--------|
| 1. Chemical Storage | IN |
| 2. Dry Storage (Food, Single-Service/Use) | IN |
| 3. Equipment, Utensils, Linens | IN |
| 4. Secured Storage/Designated Refrigeration | IN |

Construction, Equipment, Insect Control, Premise

| Item | Answer |
|--|----------------|
| 1. Lighting (Protected, Intensity) | IN |
| 2. Finishes (Walls, Ceilings, Floors) | IN |
| 3. Utility Line Installation | IN |
| 4. Toilet Room(s) | IN |
| 5. Mechanical Warewasher(s) | Not Applicable |
| 6. Drainboards, Racks, Tables (Provided) | IN |
| 7. Food Equipment (Location) | IN |
| 8. Food Equipment (Installation) | IN |
| 9. Food Equipment (Design/Construction) | IN |
| 10. Lockers (or Other Facilities) | IN |
| 11. Sneeze Guard(s)/Food Guard(s) | Not Applicable |
| 12. Laundry Equipment | Not Applicable |
| 13. Outer Openings Protected | IN |
| 14. Serving Window | Not Applicable |
| 15. Indoor (Refuse Storage) | IN |
| 16. Premises (Refuse Storage) | IN |
| 17. Premises (Walking/Driving Surface) | IN |
| 18. Servicing Area (Mobile) | IN |
| 19. Outdoor Cooking Area | IN |
| 20. Barbecue Pit Room | IN |

Temperatures, Temperature Measuring Devices(TMD), Test Kits

| Item | Answer |
|---|----------------|
| 1. Food (TMD) | IN |
| 2. Refrigeration (Temperatures/TMD) | IN |
| 3. Mechanical Warewasher Irreversible TMD | Not Applicable |
| 4. Chemical Test Kit(s) | IN |
| 5. Hot Water Temperatures | IN |

Permitting and DHEC Contact Information

| Comments: | |
|--|--|
| <i>All prep/service of food to be done in back kitchen. No addition of equipment without submitting and receiving approval of permit amendment form.</i> | |
| Item | Answer |
| Permit Issued | Yes |
| Grade Posted | A |
| DHEC Contact Phone and Fax Number. | Upstate EQC Greenwood - (864)227-5915 Fax- (864)942-3680 |

Auditor Signature: Bob Bailey

Account Signature: Stacy Blair

~~Bob Baker~~

on file