Don’t have a PDF but click link to see review on website.

<https://everclean.ul.com/?rgh22542ad37634V751245T1864296A3D4199B8575104D72127F>

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| Icon  Description automatically generated | **FOOD SAFETY INSPECTION REPORT** |
| **Type:** | Routine |   | **Concept:** | Suppliers Portal |   | **90** |
| **Auditor ID:** | 42562 |   | **Unit #:** | U LUV FOODS |   |
| **Audit Date:** | 9/21/2020 |   | **Address:** | 7130 West 117th Ave, Suite D3 |   |
| **Audit Time in:** | 10:00 AM   |   |   | Broomfield , CO, 80020 |   |
| **Audit Time out:** | 11:45 AM   |   | **Phone:** | 7203465253 |   |
| **Form accepted by:** | Debbie and Joel |   |  |  |   |  |
| **Position:** |    |   |   |   |   |  |
|   |   |   |   |  |   |  |

|  |
| --- |
| **Information** |
|  |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A |  | ***Vendor Type***

|  |  |  |
| --- | --- | --- |
|   | **•** | Dedicated Kitchen |

 |
| B |  | ***List of foods produced:***

|  |  |  |
| --- | --- | --- |
|   | **•** | Item 1: Spicy Ginger Cookies |

 |

 |

 |
| **Major Criticals (7 pts each)** |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |   |   | OUT | IN | NO |

 |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 |  | ***Holding of PHF 60 to 125 F*** |   |   | **•** |
| 2 |  | ***Cooking*** |   |   | **•** |
| 3 |  | ***Reheating for hot hold*** |   |   | **•** |
| 4 |  | ***Cooling*** |   |   | **•** |
| 5 |  | ***Food unadulterated*** |   | **•** |   |
| 6 |  | ***Employee health***

|  |  |
| --- | --- |
|  | Both employees appeared healthy. |

 |   | **•** |   |
| 7 |  | ***Handwashing***

|  |  |
| --- | --- |
|  | Joel did two great hand washes and remembered to wash hands after returning from outside. Keep it up. Proper hand washing is the first step to food safety. |

 |   | **•** |   |
| 8 |  | ***Infestation - active***

|  |  |
| --- | --- |
|  | Observed no pest activity at the time of the audit. Always follow the pest service providers sanitation and structural recommendations. |

 |   | **•** |   |
| 9 |  | ***Infestation (filth flies)*** |   | **•** |   |
| 10 |  | ***Sanitizing*** |   | **•** |   |
| 11 |  | ***No water / no hot water in facility*** |   | **•** |   |
| 12 |  | ***Sewage backup*** |   | **•** |   |
| 13 |  | ***Employee toilets are inoperable.*** |   | **•** |   |

 |

 |
| **Criticals (4 pts each)** |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |   |   | OUT | IN | NO |

 |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 14 |  | ***Holding temp 42 -59ºF; 126°F +***

|  |  |
| --- | --- |
|  | Frozen items hard to the touch. Joel demonstrated for auditor. |

 |   | **•** |   |
| 15 |  | ***Diligent preparation*** |   | **•** |   |
| 16 |  | ***Improper thawing*** |   |   | **•** |
| 17 |  | ***Food protected***

|  |  |
| --- | --- |
|  | Good job with elevating foods and packaging at least six inches off the ground. All observed ingredients were covered. |

 |   | **•** |   |
| 18 |  | ***Risk for contamination (preparation)*** |   | **•** |   |
| 19 |  | ***Food separated***

|  |  |
| --- | --- |
|  | This facility does not use milk, eggs, etc. |

 |   |   | **•** |
| 23 |  | ***Handsinks***

|  |  |
| --- | --- |
|  | Hand sinks fully stocked. |

 |   | **•** |   |
| 24 |  | ***Toxic substances***

|  |  |
| --- | --- |
|  | Chemicals are stored properly away from food prep and food storage area. All chemicals are stored in the mop closet except for a few bottles out for use at the dish area. |

 |   | **•** |   |
| 25 |  | ***Employee practices*** |   | **•** |   |
| 26 |  | ***Food contact surfaces***

|  |  |
| --- | --- |
|  | Mixer and measuring cups were sparkling clean. |

 |   | **•** |   |
| 27 |  | ***Sanitizing dish machine/ dish sink***

|  |  |
| --- | --- |
|  | P.I.C. checked sanitizer level with own test strips. |

 |   | **•** |   |
| 28 |  | ***Potable water unprotected*** |   |   | **•** |
| 29 |  | ***Critical sink***

|  |  |
| --- | --- |
|  | All sinks were free and clear and had hot water. |

 |   | **•** |   |

 |

 |
| **Non Criticals (1 pt each)** |
|  |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 32 |  | ***Pure Food/ dented cans/ bad rim/ no spoils area***

|  |  |
| --- | --- |
|  | Discussed not using cans with dents on seams or ends. |

 |
| 33 |  | ***Improper inspection at delivery/ transportation***

|  |  |
| --- | --- |
|  | Ensure the temperature of the product received is correct and recorded on the invoice. |

 |
| 35 |  | ***Employee hygiene and cleanliness***

|  |  |
| --- | --- |
|  | Both employees were wearing hair coverings and had clean aprons. |

 |
| 37 |  | ***Hazardous materials/ chemicals - low risk***

|  |  |
| --- | --- |
|  | Nice job labeling chemicals. |

 |
| 41 |  | ***Supply line/ waste line***

|  |  |
| --- | --- |
|  | Observed floor drain pipe without 1 inch air gap. Please provide a 1 inch air gap between the discharge pipe and flood rim to mitigate contamination. |

|  |  |  |
| --- | --- | --- |
|   | **•** | No air gap Observed no air gap under the 3 compartment sink. |

 |
| 47 |  | ***Storage (low risk)***

|  |  |
| --- | --- |
|  | Storage looked good. Thank you. |

 |
| 50 |  | ***Sanitizer Bucket - improper concentration/ test kit***

|  |  |
| --- | --- |
|  | Chlorine test strips readily available. |

 |
| 51 |  | ***Thermometers/pH meters provided and accurate***

|  |  |
| --- | --- |
|  | Thermometers available. |

 |
| 53 |  | ***Unclean floor/ wall/ ceiling***

|  |  |
| --- | --- |
|  | Walls and floors were very clean. |

 |
| 55 |  | ***Other insects (i.e. fruit & drain flies) - low risk***

|  |  |
| --- | --- |
|  | Observed no pests or flies. |

 |
| 58 |  | ***Toilet room with self-closing door***

|  |  |  |
| --- | --- | --- |
|   | **•** | Restroom door opens into a food area The restroom opens into the dish room/ hand sink area. |

 |
| 61 |  | ***Refuse containers/ exterior premises***

|  |  |
| --- | --- |
|  | Exterior dumpster area was neat and tidy and and the lids were closed. |

 |

 |

 |
| **Specifications** |
|  |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | ***Are specifications available for finished product?***

|  |  |
| --- | --- |
|  | There were no photos on the spec sheets. Specifications included description of the final product, color, size and proper label. It also included the ingredients, recipe and the description of the manufacturing process |

 |
| 2 |  | ***Are the specifications up to date?***

|  |  |
| --- | --- |
|  | Specifications are current. |

 |
| 3 |  | ***Are changes to specifications clearly communicated with staff?***

|  |  |
| --- | --- |
|  | Yes. |

 |

 |

 |
| **Traceability / Recall Policy** |
|  |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | ***Is a traceability system in place? Can every product made be properly traced?***

|  |  |
| --- | --- |
|  | Debbie was able to explain their trace back system and how they use lot codes, etc. in the trace back process. I am confident they could perform a thorough trace back should it ever become necessary. |

 |
| 2 |  | ***Is the traceability / recall policy tested at least annually?***

|  |  |
| --- | --- |
|  | Yes |

 |
| 3 |  | ***Is a clear labeling system in place in the facility to identify three stages from production to delivery?***

|  |  |
| --- | --- |
|  | No, the areas of the facility are not labeled. |

 |

 |

 |
| **Food Safety Incident Management** |
|  |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | ***Is a documented Incident Management system in place?***

|  |  |
| --- | --- |
|  | Confirmed that they have a management system. Debbie was able to explain and show an example of a mock customer complaint and questions they ask and document. Good. |

 |
| 2 |  | ***Is the Incident Management system tested and verified at least once a year?***

|  |  |
| --- | --- |
|  | Yes, tested at least annually. |

 |
| 3 |  | ***Are the incidents recorded and assessed to establish their severity and consumer risk?***

|  |  |
| --- | --- |
|  | Confirmed that they are aware of the different levels of recalls. They have a list that explains the different levels. |

 |
| 4 |  | ***Is a corrective action plan in place and followed?***

|  |  |
| --- | --- |
|  | Yes, they provided an example. |

 |

 |

 |
| **Logs and Checklists** |
|  |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | ***Holding logs (refrigeration)***

|  |  |
| --- | --- |
|  | Available |

 |
| 5 |  | ***Staff GMP Training Roster***

|  |  |
| --- | --- |
|  | They perform yearly trainings, but do not have a roster with signatures. |

 |
| 7 |  | ***Self Inspections***

|  |  |
| --- | --- |
|  | Self-inspections performed daily. |

 |
| 8 |  | ***Corrective Actions for non-conformance not documented***

|  |  |
| --- | --- |
|  | They are aware of documenting any findings for corrective actions. |

 |
| 9 |  | ***Corrective Actions for non-conformance of government inspections available***

|  |  |
| --- | --- |
|  | N/A- did not have an violations on previous visit. |

 |
| 10 |  | ***Corrective Actions for non-conformance of third party audits***

|  |  |
| --- | --- |
|  | N/A. This is their first third party audit. |

 |

 |

 |
| **Risk Management** |
|  |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 63 |  | ***Manager Certification***

|  |  |
| --- | --- |
|  | Both Debbie’s and Joel’s certificates expired in 2018. They will renew. |

 |
| 65 |  | ***Signage***

|  |  |  |
| --- | --- | --- |
|   | **•** | Handwashing signage Observed no hand wash reminder signs at the restroom sink and the hand wash sink next to the mop closet. |

 |
| 69 |  | ***Pest Report***

|  |  |
| --- | --- |
|  | They perform self-inspections on a daily basis. If they ever had any issues they would call a professional pest control operator. They would not apply chemicals themselves. |

 |
| 71 |  | ***SDS***

|  |  |
| --- | --- |
|  | Do not keep an SDS binder. You should have for one all of the chemicals you have on site, including hand soap. |

|  |  |  |
| --- | --- | --- |
|   | **•** | Not readily available |

 |

 |

 |
| **GMP** |
|  |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 72 |  | ***Written GMP program available (10 pts)***

|  |  |
| --- | --- |
|  | Available and through. Nice job. |

 |
| 73 |  | ***Evidence of training of all personnel in GMP’s (i.e. documentation). (5 pts)***

|  |  |
| --- | --- |
|  | They perform yearly trainings, but do not have a roster with signatures. |

 |
| 76 |  | ***Employees are following plant GMP’s (visual inspection) (20 pts)***

|  |  |
| --- | --- |
|  | Yes, employees appear to be following protocol correctly. |

 |
| 77 |  | ***Employee Illness Reporting Program in Place (5 pts)***

|  |  |
| --- | --- |
|  | Written document available. Revised January 2020. |

 |

 |

 |

|  |
| --- |
| **Additional Notes:**Virtual Guided Audit. Debbie and Joel, Thank you for your time today. It was great meeting you. Take care, Amy (Audit ended at 11:45, but auditor still had to type up report, that is why there was a delay in sending.) |

|  |
| --- |
| **Temperature Controls** |
|

|  |
| --- |
| **Water Controls** |
| **Water Control** | **Temp/ppm** | **Violation** | **Location** | **Chemical** |
| Handsink - BOH | 110°F |  | Dish Room | Temperature Only |
| Handsink-Restroom | 110°F |  | RR - Both Employee | Temperature Only |
| 3 compartment sink | 111-119°F |  | Dish Sink | Temperature Only |
| Sanitizer Bucket | 50 ppm |  | Dish Room | Chlorine |

 |

|  |
| --- |
| **Health Department Inspection** |
|  |  |  |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Inspection  Date:** | 09/02/2019  | **Jurisdiction:** |   |
| **Score:** |   | **Inspection Type:** |   |
| **Grade:** | N/A  | **Inspection Category:** | Health Report available  |
| **Comment** |   |

 |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Section** | **#** | **Violation** | **Comment** |

 |

 |