



SUTTER COUNTY ENVIRONMENTAL HEALTH DIVISION  
 COMMUNITY SERVICES DEPARTMENT  
 1130 Civic Center Boulevard  
 Yuba City, CA 95993  
 Ph# (530) 822-7400 Fax# (530) 822-7109

Date 2/8/10  
 Page 1 of 2

**RETAIL FOOD FACILITY INSPECTION REPORT**

DBA: El Paraiso Restaurant Permit Holder: \_\_\_\_\_  
 Address: 10374 Live Oak Bl. City: Live Oak Zip: 95953 Phone: \_\_\_\_\_  
 Computer #: 2043

- Initial  Ongoing  Re-inspection  Complaint  Complaint Re-inspection  Consultation  Construction  Change of Ownership

Unmarked Items = In Compliance, Not observed, or Not Applicable

COS = Corrected on Site MAJ = Major Violation MIN = Minor Violation (see reverse side for California code section)

**Major violations pose a threat to public health and must be corrected immediately. Non-compliance may warrant closure of the food facility.**

RISK FACTOR INTERVENTIONS				APPROVED RETAIL PRACTICES	
DEMONSTRATION OF KNOWLEDGE	COS	MAJ	MIN	SUPERVISION	MIN
1. Demonstration of knowledge; food safety certification			X	24. Person in charge present and performs duties	
Food Safety Cert Name: _____ Exp. Date: _____				<b>PERSONAL CLEANLINESS</b>	
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				25. Personal cleanliness and hair restraints	
2. Communicable disease; reporting, restrictions & exclusions				<b>GENERAL FOOD SAFETY REQUIREMENTS</b>	
3. No discharge from eyes, nose, or mouth; no open wounds				26. Approved thawing methods used, frozen food	
4. Proper eating, tasting, drinking or tobacco use				27. Food separated and protected	
<b>PREVENTING CONTAMINATION BY HANDS</b>				28. Washing fruits and vegetables	
5. Hands clean and properly washed; gloves used properly				29. Toxic substances properly identified, stored, used	
6. Adequate handwashing facilities supplied & accessible				<b>FOOD STORAGE/DISPLAY/SERVICE</b>	
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				30. Food storage; food storage containers identified	
7. Proper hot and cold holding temperatures				31. Consumer self-service	
8. Time as a public health control; procedures & records				32. Food properly labeled & honestly presented	
9. Proper cooling methods				<b>EQUIPMENT/UTENSILS/LINENS</b>	
10. Proper cooking time & temperatures				33. Nonfood contact surfaces clean	
11. Proper reheating procedures for hot holding				34. Warewashing facilities: installed, maintained, used; test strips	
<b>PROTECTION FROM CONTAMINATION</b>				35. Equipment/Utensils approved, installed, clean, good repair, capacity	
12. Returned and reserve of food				36. Equipment, utensils and linens: storage and use	
13. Food in good condition: safe and unadulterated			XXX	37. Vending machines	
14a. Food contact surfaces: clean and sanitized				38. Adequate ventilation and lighting; designated areas, use	
14b. Proper warewashing and sanitizing procedures				39. Thermometers provided and accurate	
Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Hot Water <input type="checkbox"/> Other				40. Wiping cloths: properly used and stored	
Sanitizer Concentration (ppm): _____				<b>PHYSICAL FACILITIES</b>	
<b>FOOD FROM APPROVED SOURCES</b>				41. Plumbing: proper backflow devices	
15. Food obtained from approved source				42. Garbage and refuse properly disposed; facilities maintained	
16. Compliance with shellstock tags, condition, display				43. Toilet facilities: properly constructed, supplied, cleaned	
17. Compliance with Gulf oyster regulations				44a. Premises kept free of debris and unnecessary equipment	
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				44b. Appropriate use of equipment	
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				44c. Janitorial area, provided maintained, and kept clean	
<b>CONSUMER ADVISORY</b>				44d. Employee personal items stored in approved location	
19. Raw, undercooked, and confectionary containing alcohol foods				44e. Facility is equipped to prevent vermin entrance/harborage	
<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>				<b>PERMANENT FOOD FACILITIES</b>	
20. Licensed health care facilities/public & private schools, prohibited foods not offered				45. Floor walls and ceilings: built, maintained, and clean	
<b>WATER/HOT WATER</b>				46. No unapproved private homes/living or sleeping quarters	
21. Hot and cold water available				<b>SIGNS/REQUIREMENTS</b>	
Ware Sink Temp _____ °F Hand Sink Temp _____ °F				47. Signs posted; last inspection report available	
<b>LIQUID WASTE DISPOSAL</b>				<b>COMPLIANCE &amp; ENFORCEMENT</b>	
22. Sewage and wastewater properly disposed				48. Plan Review	
<b>VERMIN</b>				49. Permits Available	
23. No rodents, insects, birds, or animals				50. Impoundment	
				51. Permit Suspension	
				52. Other	
				<b>NON-PERMANENT FOOD FACILITIES</b>	
				53. Mobile Food Facilities	
				54. Temporary Food Facilities	

Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_

REHS: \_\_\_\_\_



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ITEM LOCATION	DATE	ITEM LOCATION	DATE

OBSERVATIONS AND CORRECTIVE ACTIONS
13) Onions + Tomalittos stored directly on floor. All food must be 6 inches off floor at all times
13) Frying oil stored in mop sink area. Store food in food areas not mop sink area.
13) Ice scoop stored in ice. Store ice scoop outside of ice.
1) NO food safety certification. Obtain certificate within 60 days when available fax copy to 822-7109 (Attn: Mark)

Owner/Operator: [Signature] Title: \_\_\_\_\_

REMS: [Signature]