



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

Date 2/23/10

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RETAIL FOOD FACILITY INSPECTION REPORT

DBA: 99 Cent Only Store Permit Holder: 99 Cent

Address: 330 Colusa Ave City: Yuba City, CA Zip: 95991 Phone: _____

Computer #: _____

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 | | | |
|---|-----|-----|-----|
| DEMONSTRATION OF KNOWLEDGE | COS | MAJ | MIN |
| 1. Demonstration of knowledge; food safety certification | | | |
| Food Safety Cert Name: _____ Exp. Date: _____ | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | |
| 2. Communicable disease; reporting, restrictions & exclusions | | | |
| 3. No discharge from eyes, nose, or mouth; no open wounds | | | |
| 4. Proper eating, tasting, drinking or tobacco use | | | |
| PREVENTING CONTAMINATION BY HANDS | | | |
| 5. Hands clean and properly washed; gloves used properly | | | |
| 6. Adequate handwashing facilities supplied & accessible | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | |
| 7. Proper hot and cold holding temperatures | | | |
| 8. Time as a public health control; procedures & records | | | |
| 9. Proper cooling methods | | | |
| 10. Proper cooking time & temperatures | | | |
| 11. Proper reheating procedures for hot holding | | | |
| PROTECTION FROM CONTAMINATION | | | |
| 12. Returned and reservice of food | | | |
| 13. Food in good condition: safe and unadulterated | | | |
| 14a. Food contact surfaces: clean and sanitized | | | |
| 14b. Proper warewashing and sanitizing procedures | | | |
| Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Hot Water <input type="checkbox"/> Other | | | |
| Sanitizer Concentration (ppm): _____ | | | |
| FOOD FROM APPROVED SOURCES | | | |
| 15. Food obtained from approved source | | | |
| 16. Compliance with shellstock tags, condition, display | | | |
| 17. Compliance with Gulf oyster regulations | | | |
| CONFORMANCE WITH APPROVED PROCEDURES | | | |
| 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | |
| CONSUMER ADVISORY | | | |
| 19. Raw, undercooked, and confectionary containing alcohol foods | | | |
| HIGHLY SUSCEPTIBLE POPULATIONS | | | |
| 20. Licensed health care facilities/public & private schools; prohibited foods not offered | | | |
| WATER/HOT WATER | | | |
| 21. Hot and cold water available | | | |
| Ware Sink Temp _____ °F Hand Sink Temp _____ °F | | | |
| LIQUID WASTE DISPOSAL | | | |
| 22. Sewage and wastewater properly disposed | | | |
| VERMIN | | | |
| 23. No rodents, insects, birds, or animals | | | |

| APPROVED RETAIL PRACTICES | |
|---|-----|
| SUPERVISION | MIN |
| 24. Person in charge present and performs duties | |
| PERSONAL CLEANLINESS | |
| 25. Personal cleanliness and hair restraints | |
| GENERAL FOOD SAFETY REQUIREMENTS | |
| 26. Approved thawing methods used, frozen food | |
| 27. Food separated and protected | |
| 28. Washing fruits and vegetables | |
| 29. Toxic substances properly identified, stored, used | |
| FOOD STORAGE/DISPLAY/SERVICE | |
| 30. Food storage; food storage containers identified | |
| 31. Consumer self-service | |
| 32. Food properly labeled & honestly presented | |
| EQUIPMENT/UTENSILS/LINENS | |
| 33. Nonfood contact surfaces clean | |
| 34. Warewashing facilities: installed, maintained, used; test strips | |
| 35. Equipment/Utensils approved; installed; clean; good repair, capacity | |
| 36. Equipment, utensils and linens: storage and use | |
| 37. Vending machines | |
| 38. Adequate ventilation and lighting; designated areas, use | |
| 39. Thermometers provided and accurate | |
| 40. Wiping cloths: properly used and stored | |
| Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia | |
| Sanitizer Concentration (ppm): _____ | |
| PHYSICAL FACILITIES | |
| 41. Plumbing: proper backflow devices | |
| 42. Garbage and refuse properly disposed; facilities maintained | |
| 43. Toilet facilities: properly constructed, supplied, cleaned | |
| 44a. Premises kept free of debris and unnecessary equipment | |
| 44b. Appropriate use of equipment | |
| 44c. Janitorial area, provided maintained, and kept clean | |
| 44d. Employee personal items stored in approved location | |
| 44e. Facility is equipped to prevent vermin entrance/harborage | |
| PERMANENT FOOD FACILITIES | |
| 45. Floor walls and ceilings: built, maintained, and clean | |
| 46. No unapproved private homes/living or sleeping quarters | |
| SIGNS/REQUIREMENTS | |
| 47. Signs posted; last inspection report available | |
| COMPLIANCE & ENFORCEMENT | |
| 48. Plan Review | |
| 49. Permits Available | |
| 50. Impoundment | |
| 51. Permit Suspension | |
| 52. Other | |
| NON-PERMANENT FOOD FACILITIES | |
| 53. Mobile Food Facilities | |
| 54. Temporary Food Facilities | |

Owner/Operator: _____ Title: _____

REHS: _____ Form Updated 01/2010



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 Address: 830 Colusa Ave City: Yuba City, CA Zip: 95991 Phone: _____

| ITEM/LOCATION | TEMP | ITEM/LOCATION | TEMP |
|---------------|------|---------------|------|
| | | | |
| | | | |
| | | | |
| | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

— No violations noted at time of inspection.

— O.K to issue permit to new food facility

— Come into OFFICE & pay Annual Permit Fee before operating

Owner/Operator: [Signature] Title: _____ REHS: [Signature]
 Form Updated 4/2008