



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 3/23/10
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RETAIL FOOD FACILITY INSPECTION REPORT

DBA: FIRESIDE RESTAURANT Permit Holder: Rikki & Seema MAJUMDAR
 Address: 4228 S Hwy 99 City: Yuba City, CA Zip: 95991 Phone: _____
 Computer #: 1481

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			X
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			X
6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS			
7. Proper hot and cold holding temperatures		X	
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 <u>100</u> °F Hand Sink Temp <u>105</u> °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	X
28. Washing fruits and vegetables	
29. Toxic substances properly identified, stored, used	X
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	X
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	X
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: _____



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RETAIL FOOD FACILITY INSPECTION REPORT

DBA: FIRESIDE RESTAURANT Permit Holder: RIKKI J JAGA MAULI
 Address: 4228 S. Hwy 99 City: Yuba City, CA Zip: 95991 Phone: _____

ITEM/LOCATION	TEMP.	ITEM/LOCATION	TEMP.
BEEF STEW	92°F		
Broccoli soup	115°		

OBSERVATIONS AND CORRECTIVE ACTIONS	
7.	BEEF STEW & Broccoli soup BEING WARMED (COOKED) on soup warmers. COMPLETELY COOK ON STOVE AND KEEP WARMED ON SOUP WARMER @ OR ABOVE 155°F. Do not use to REHEAT.
5.	No paper towel & soap dispenser @ hand sink PLEASE provide wall mounted units
27.	SOME FOOD LEFT UNCOVERED IN KITCHEN REFRIGERATOR & REACH-IN. KEEP COVERED WHEN NOT IN USE.
35.	WAFFLE IRON For self serve still in use. DISCONTINUE USE IMMEDIATELY.

Owner/Operator: [Signature] Title: _____

REHS: [Signature]



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RETAIL FOOD FACILITY INSPECTION REPORT

DBA: Freeside Restaurant Permit Holder: Rikki Segal MAUC
 Address: 4228 S. Hwy 99 City: Yuba City, CA Zip: 95991 Phone: _____

ITEM/LOCATION	TEMP	ITEM/LOCATION	TEMP

OBSERVATIONS AND CORRECTIVE ACTIONS

45. Floor in REFRIGERATION STORAGE still CARPET. Provide APPROVED continuously covered 3/8" minimum radius flooring, which extends up wall AT LEAST 4" AS AN INTEGRAL unit. Correct w/in 30 DAYS TO AVOID REINSPECTION FEE OF AT LEAST \$70⁰⁰

29. CHEMICALS STORED ON FLOOR. KEEP OFF OF FLOOR A minimum of 6"

1. NO CERTIFIED FOOD HANDLER Provide w/in 30 DAYS.

REinspection will occur AFTER

4/23/10

Owner/Operator: _____ Title: _____

REHS: _____