



RETAIL FOOD FACILITY INSPECTION REPORT

DBA: Penny Candy Store Permit Holder: _____
 Address: 10221 Live Oak City: Live Oak Zip: 95953 Phone: _____
 Computer #: 2084

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			
1. Demonstration of knowledge; food safety certification				24. Person in charge present and performs duties			
Food Safety Cert Name: _____ Exp. Date: _____				PERSONAL CLEANLINESS			
EMPLOYEE HEALTH & HYGIENIC PRACTICES				25. Personal cleanliness and hair restraints			
2. Communicable disease; reporting, restrictions & exclusions				GENERAL FOOD SAFETY REQUIREMENTS			
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			
PREVENTING CONTAMINATION BY HANDS				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				FOOD STORAGE/DISPLAY/SERVICE			
TIME AND TEMPERATURE RELATIONSHIPS				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				EQUIPMENT/UTENSILS/LINENS			
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			
PROTECTION FROM CONTAMINATION				35. Equipment/Utensils approved; installed; clean; good repair, capacity			
12. Returned and reservice of food				36. Equipment, utensils and linens: storage and use			
13. Food in good condition: safe and unadulterated				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): _____				Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia			
FOOD FROM APPROVED SOURCES				Sanitizer Concentration (ppm): _____			
15. Food obtained from approved source				PHYSICAL FACILITIES			
16. Compliance with shellstock tags, condition, display				41. Plumbing: proper backflow devices			
17. Compliance with Gulf oyster regulations				42. Garbage and refuse properly disposed; facilities maintained			
CONFORMANCE WITH APPROVED PROCEDURES				43. Toilet facilities: properly constructed, supplied, cleaned			
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				44a. Premises kept free of debris and unnecessary equipment			
CONSUMER ADVISORY				44b. Appropriate use of equipment			
19. Raw, undercooked, and confectionary containing alcohol foods				44c. Janitorial area, provided maintained, and kept clean			
HIGHLY SUSCEPTIBLE POPULATIONS				44d. Employee personal items stored in approved location			
20. Licensed health care facilities/public & private schools; prohibited foods not offered				44e. Facility is equipped to prevent vermin entrance/harborage			
WATER/HOT WATER				PERMANENT FOOD FACILITIES			
21. Hot and cold water available				45. Floor walls and ceilings: built, maintained, and clean			
Ware Sink Temp _____ °F Hand Sink Temp _____ °F				46. No unapproved private homes/living or sleeping quarters			
LIQUID WASTE DISPOSAL				SIGNS/REQUIREMENTS			
22. Sewage and wastewater properly disposed				47. Signs posted; last inspection report available			
VERMIN				COMPLIANCE & ENFORCEMENT			
23. No rodents, insects, birds, or animals				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			

NO VIOLATIONS

Owner/Operator: [Signature] Title: owner REHS: [Signature] Form Updated 01/2010