



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 5/11/10
 Page 1 of 2

RETAIL FOOD FACILITY INSPECTION REPORT

DBA: Jimbo's Tacos Permit Holder: _____
 Address: 920 Colosa Ave City: Yuba City Zip: 95991 Phone: _____
 Computer #: 1550

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				24. Person in charge present and performs duties	
Food Safety Cert Name: _____ Exp. Date: _____				PERSONAL CLEANLINESS	
EMPLOYEE HEALTH & HYGIENIC PRACTICES				GENERAL FOOD SAFETY REQUIREMENTS	
2. Communicable disease; reporting, restrictions & exclusions				26. Approved thawing methods used, frozen food	
3. No discharge from eyes, nose, or mouth, no open wounds				27. Food separated and protected	
4. Proper eating, tasting, drinking or tobacco use				28. Washing fruits and vegetables	
PREVENTING CONTAMINATION BY HANDS				FOOD STORAGE/DISPLAY/SERVICE	
5. Hands clean and properly washed; gloves used properly				29. Toxic substances properly identified, stored, used	
6. Adequate handwashing facilities supplied & accessible				30. Food storage; food storage containers identified	
TIME AND TEMPERATURE RELATIONSHIPS				EQUIPMENT/UTENSILS/LINENS	
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				PHYSICAL FACILITIES	
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				Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia	
Sanitizer Concentration (ppm): _____				Sanitizer Concentration (ppm): _____	
FOOD FROM APPROVED SOURCES				PERMANENT FOOD FACILITIES	
15. Food obtained from approved source				41. Plumbing: proper backflow devices	
16. Compliance with shellstock tags, condition, display				42. Garbage and refuse properly disposed; facilities maintained	
17. Compliance with Gulf oyster regulations				43. Toilet facilities: properly constructed, supplied, cleaned	
CONFORMANCE WITH APPROVED PROCEDURES				44a. Premises kept free of debris and unnecessary equipment	
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				44b. Appropriate use of equipment	
CONSUMER ADVISORY				44c. Janitorial area, provided maintained, and kept clean	
19. Raw, undercooked, and confectionary containing alcohol foods				44d. Employee personal items stored in approved location	
HIGHLY SUSCEPTIBLE POPULATIONS				SIGN REQUIREMENTS	
20. Licensed health care facilities/public & private schools; prohibited foods not offered				45. Floor walls and ceilings: built, maintained, and clean	
WATER/HOT WATER				COMPLIANCE & ENFORCEMENT	
21. Hot and cold water available				46. No unapproved private homes/living or sleeping quarters	
Ware Sink Temp _____ °F Hand Sink Temp _____ °F				SIGNS/REQUIREMENTS	
LIQUID WASTE DISPOSAL				47. Signs posted; last inspection report available	
22. Sewage and wastewater properly disposed				COMPLIANCE & ENFORCEMENT	
VERMIN				48. Plan Review	
23. No rodents, insects, birds, or animals				49. Permits Available	
				50. Impoundment	
				51. Permit Suspension	
				52. Other	
				NON-PERMANENT FOOD FACILITIES	
				53. Mobile Food Facilities	
				54. Temporary Food Facilities	

Owner/Operator: Nelida Casilla Title: _____ REHS: Na Na Form Updated 04/2008



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TEMP	ITEM	LOCATION

OBSERVATIONS AND CORRECTIVE ACTIONS

SECOND NOTICE

NO current health permit, Current and past fees must be paid immediately. Operating without permit is a misdemeanor. If no response is forthcoming legal action may be taken.

Owner/Operator: Nelda Casillas Title: _____

REHS: [Signature]