



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 5/24/10
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RETAIL FOOD FACILITY INSPECTION REPORT

DBA: Fleather River Academy Permit Holder: _____
 Address: 1895 Lasser Blvd City: Yuba City Zip: 95993 Phone: _____
 Computer #: 1691

- 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.

NO VIOLATIONS

RISK FACTOR INTERVENTIONS				APPROVED RETAIL PRACTICES			
DEMONSTRATION OF KNOWLEDGE				SUPERVISION			
COS	MAJ	MIN		PERSONAL CLEANLINESS			
				24. Person in charge present and performs duties			
Food Safety Cert Name: _____ Exp. Date: _____				25. Personal cleanliness and hair restraints			
EMPLOYEE HEALTH AND HYGIENIC PRACTICES				GENERAL FOOD SAFETY REQUIREMENTS			
				26. Approved thawing methods used, frozen food			
				27. Food separated and protected			
				28. Washing fruits and vegetables			
PREVENTING CONTAMINATION BY HANDS				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			
TIME AND TEMPERATURE RELATIONSHIPS				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			
PROTECTION FROM CONTAMINATION				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 <input type="checkbox"/> Hot Water <input type="checkbox"/> Other			
				Sanitizer Concentration (ppm): _____			
FOOD FROM APPROVED SOURCES				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			
CONFORMANCE WITH APPROVED PROCEDURES				PERMANENT FOOD FACILITIES			
				45. Floor walls and ceilings: built, maintained, and clean			
				46. No unapproved private homes/living or sleeping quarters			
CONSUMER ADVISORY				SIGNS/REQUIREMENTS			
				47. Signs posted; last inspection report available			
				COMPLIANCE & ENFORCEMENT			
				48. Plan Review			
				49. Permits Available			
				50. Impoundment			
				51. Permit Suspension			
				52. Other			
HIGHLY SUSCEPTIBLE POPULATIONS				NON-PERMANENT FOOD FACILITIES			
				53. Mobile Food Facilities			
				54. Temporary Food Facilities			
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			

Form Updated 01/2010

Owner/Operator: RM A

Title: _____

REHS: RM