



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 10/14/10  
 Page 1 of 3

**RETAIL FOOD FACILITY INSPECTION REPORT**

DBA: Sutter Buttes Brewing Permit Holder: Mark Martin  
 Address: 421 Center St. City: Yuba City, CA Zip: 95991 Phone: 790-7999  
 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			
	COS	MAJ	MIN
<b>DEMONSTRATION OF KNOWLEDGE</b>			
1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: _____ Exp. Date: _____			
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>			
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			
<b>PREVENTING CONTAMINATION BY HANDS</b>			
5. Hands clean and properly washed; gloves used properly			X
6. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>			
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			
<b>PROTECTION FROM CONTAMINATION</b>			
12. Returned and re-service 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): _____			
<b>FOOD FROM APPROVED SOURCES</b>			
15. Food obtained from approved source			
16. Compliance with shellstock tags, condition, display			
17. Compliance with Gulf oyster regulations			
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>			
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
<b>CONSUMER ADVISORY</b>			
19. Raw, undercooked, and confectionary containing alcohol foods			
<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>			
20. Licensed health care facilities/public & private schools; prohibited foods not offered			
<b>WATER/HOT WATER</b>			
21. Hot and cold water available			
Ware Sink Temp _____ °F Hand Sink Temp _____ °F			
<b>LIQUID WASTE DISPOSAL</b>			
22. Sewage and wastewater properly disposed			
<b>VERMIN</b>			
23. No rodents, insects, birds, or animals			

APPROVED RETAIL PRACTICES	
	MIN
<b>SUPERVISION</b>	
24. Person in charge present and performs duties	
<b>PERSONAL CLEANLINESS</b>	
25. Personal cleanliness and hair restraints	
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>	
26. Approved thawing methods used, frozen food	
27. Food separated and protected	
28. Washing fruits and vegetables	
29. Toxic substances properly identified, stored, used	
<b>FOOD STORAGE/DISPLAY/SERVICE</b>	
30. Food storage; food storage containers identified	
31. Consumer self-service	
32. Food properly labeled & honestly presented	
<b>EQUIPMENT/UTENSILS/LINENS</b>	
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): _____	
<b>PHYSICAL FACILITIES</b>	
41. Plumbing: proper backflow devices	X
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	X
44d. Employee personal items stored in approved location	X
44e. Facility is equipped to prevent vermin entrance/harborage	
<b>PERMANENT FOOD FACILITIES</b>	
45. Floor walls and ceilings: built, maintained, and clean	X
46. No unapproved private homes/living or sleeping quarters	
<b>SIGNS/REQUIREMENTS</b>	
47. Signs posted; last inspection report available	
<b>COMPLIANCE &amp; ENFORCEMENT</b>	
48. Plan Review	
49. Permits Available	
50. Impoundment	
51. Permit Suspension	
52. Other	
<b>NON-PERMANENT FOOD FACILITIES</b>	
53. Mobile Food Facilities	
54. Temporary Food Facilities	

Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_

REHS: \_\_\_\_\_



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 Address: 421 CENTER ST. City: Yuba City, CA Zip: 95991 Phone: \_\_\_\_\_

ITEM/LOCATION	TEMP	ITEM/LOCATION	TEMP

**OBSERVATIONS AND CORRECTIVE ACTIONS**

45 Floor behind BAR has rubber top-set. REMOVE & provide continuous COVERED FLOORING which extends up wall in a SEAMLESS MANNER.

45. METAL FLASHING at bottom in KITCHEN JACKS SEAL. PROVIDE.

5. No paper towel dispenser AT BAR HAND SINK, KITCHEN HANDSINK. PROVIDE

35. Tubing to soda dispenser run on ground. SECURE ABOVE FLOOR.

41 AIR GAP AT BAR SINK NOT 1" ABOVE FLOOR SINK. PROVIDE

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**OBSERVATIONS AND CORRECTIVE ACTIONS**

44c. No mop rack at mop sink area. Provide

44d. No employee change area. Provide on opposite side of bathroom hallway

- No other violations noted at time of inspection

- Call for reinspection.

Owner/Operator: [Signature] Title: \_\_\_\_\_

REHS: [Signature]