



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 12/13/10  
 Page 1 of 2

**RETAIL FOOD FACILITY INSPECTION REPORT**

DBA: EAST NICOLAUS High school Permit Holder: EAST NICOLAUS High school.  
 Address: 2454 NICOLAUS AVE City: NICOLAUS, CA Zip: 95659 Phone: \_\_\_\_\_  
 Computer #: 1189

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   |     |     | X   | 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                     | X               |
| 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  |     |     | X   | 39. Thermometers provided and accurate                                   | X               |
| Sanitizer Type: <input type="checkbox"/> Chlorine <input checked="" type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Hot Water <input type="checkbox"/> Other |     |     |     | 40. Wiping cloths: properly used and stored                              |                 |
| Sanitizer Concentration (ppm): _____   |     |     |     | PHYSICAL FACILITIES  |                 |
| FOOD FROM APPROVED SOURCES   |     |     |     | 41. Plumbing: proper backflow devices                                    |                 |
| 15. Food obtained from approved source   |     |     |     | 42. Garbage and refuse properly disposed; facilities maintained          |                 |
| 16. Compliance with shellstock tags, condition, display  |     |     |     | 43. Toilet facilities: properly constructed, supplied, cleaned           |                 |
| 17. Compliance with Gulf oyster regulations  |     |     |     | 44a. Premises kept free of debris and unnecessary equipment              |                 |
| CONFORMANCE WITH APPROVED PROCEDURES   |     |     |     | 44b. Appropriate use of equipment  |                 |
| 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan  |     |     |     | 44c. Janitorial area, provided maintained, and kept clean                |                 |
| CONSUMER ADVISORY  |     |     |     | 44d. Employee personal items stored in approved location                 |                 |
| 19. Raw, undercooked, and confectionary containing alcohol foods   |     |     |     | 44e. Facility is equipped to prevent vermin entrance/harborage           |                 |
| HIGHLY SUSCEPTIBLE POPULATIONS   |     |     |     | PERMANENT FOOD FACILITIES  |                 |
| 20. Licensed health care facilities/public & private schools; prohibited foods not offered   |     |     |     | 45. Floor walls and ceilings: built, maintained, and clean               | X               |
| WATER/HOT WATER  |     |     |     | 46. No unapproved private homes/living or sleeping quarters              |                 |
| 21. Hot and cold water available   |     |     |     | SIGNS/REQUIREMENTS   |                 |
| Ware Sink Temp <u>100</u> °F Hand Sink Temp <u>100</u> °F  |     |     |     | 47. Signs posted; last inspection report available                       |                 |
| LIQUID WASTE DISPOSAL  |     |     |     | COMPLIANCE & ENFORCEMENT   |                 |
| 22. Sewage and wastewater properly disposed  |     |     |     | 48. Plan Review  |                 |
| VERMIN   |     |     |     | 49. Permits Available  | <u>10/31/11</u> |
| 23. No rodents, insects, birds, or animals   |     |     | X   | 50. Impoundment  |                 |
|  |     |     |     | 51. Permit Suspension  |                 |
|  |     |     |     | 52. Other  |                 |
|  |     |     |     | NON-PERMANENT FOOD FACILITIES  |                 |
|  |     |     |     | 53. Mobile Food Facilities   |                 |
|  |     |     |     | 54. Temporary Food Facilities  |                 |

Owner/Operator: McElderry Title: FAC SERV

REHS: [Signature] Form Updated 01/2010





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**RETAIL FOOD FACILITY INSPECTION REPORT**

DBA: EAST Nicolaus High school Permit Holder: East Nicolaus High  
 Address: 2454 Nicolaus Ave City: Nicolaus, CA Zip: 95659 Phone: \_\_\_\_\_

| ITEM/LOCATION | TEMP | ITEM/LOCATION | TEMP |
|---------------|------|---------------|------|
| Milk / cooler | 42°F |               |      |
|               |      |               |      |
|               |      |               |      |
|               |      |               |      |

**OBSERVATIONS AND CORRECTIVE ACTIONS**

23. Some rat dropping in SNACK BAR. ~~Thoroughly~~ <sup>PC</sup> CLEAN  
 Thoroughly.

39. No thermometer in reach-in. - PROVIDE.

14b. WASH portion of 3-comp sink being used only.  
 USE WASH, RINSE, SANITIZE method.

30. Some bulk Foods not labeled PLEASE label.

45. Floor in front room not approved. PROVIDE approved  
 Flooring which goes up wall in a SEAM-LESS MANNER.

1. NO certified Food MANAGER. PROVIDE FOR  
 next inspection

No other violations noted  
 At time of Inspection

Owner/Operator: [Signature] Title: FR SUPV. REHS: [Signature]