



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 12/8/10
 Page 1 of 2

RETAIL FOOD FACILITY INSPECTION REPORT

DBA: Lucio's Restaurant Permit Holder: _____
 Address: 10374 Live Oak Bl. City: Live Oak Zip: 95953 Phone: _____
 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				APPROVED RETAIL PRACTICES	
	COS	MAJ	MIN		MIN
DEMONSTRATION OF KNOWLEDGE					
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					
2. Communicable disease; reporting, restrictions & exclusions				25. Personal cleanliness and hair restraints	
3. No discharge from eyes, nose, or mouth; no open wounds				GENERAL FOOD SAFETY REQUIREMENTS	
4. Proper eating, tasting, drinking or tobacco use				26. Approved thawing methods used, frozen food	
PREVENTING CONTAMINATION BY HANDS					
5. Hands clean and properly washed; gloves used properly				27. Food separated and protected	
6. Adequate handwashing facilities supplied & accessible				28. Washing fruits and vegetables	
TIME AND TEMPERATURE RELATIONSHIPS					
7. Proper hot and cold holding temperatures				29. Toxic substances properly identified, stored, used	
8. Time as a public health control; procedures & records				FOOD STORAGE/DISPLAY/SERVICE	
9. Proper cooling methods				30. Food storage; food storage containers identified	
10. Proper cooking time & temperatures				31. Consumer self-service	
11. Proper reheating procedures for hot holding				32. Food properly labeled & honestly presented	
PROTECTION FROM CONTAMINATION					
12. Returned and reservice of food				EQUIPMENT/UTENSILS/LINENS	
13. Food in good condition: safe and unadulterated				33. Nonfood contact surfaces clean	
14a. Food contact surfaces: clean and sanitized				34. Warewashing facilities: installed, maintained, used; test strips	
14b. Proper warewashing and sanitizing procedures				35. Equipment/Utensils approved; installed; clean; good repair, capacity	
Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Hot Water <input type="checkbox"/> Other				36. Equipment, utensils and linens: storage and use	
Sanitizer Concentration (ppm): _____				37. Vending machines	
FOOD FROM APPROVED SOURCES					
15. Food obtained from approved source				38. Adequate ventilation and lighting; designated areas, use	
16. Compliance with shellstock tags, condition, display				39. Thermometers provided and accurate	
17. Compliance with Gulf oyster regulations				40. Wiping cloths: properly used and stored	
CONFORMANCE WITH APPROVED PROCEDURES					
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				PHYSICAL FACILITIES	
CONSUMER ADVISORY					
19. Raw, undercooked, and confectionary containing alcohol foods				41. Plumbing: proper backflow devices	
HIGHLY SUSCEPTIBLE POPULATIONS					
20. Licensed health care facilities/public & private schools; prohibited foods not offered				42. Garbage and refuse properly disposed; facilities maintained	
WATER/HOT WATER					
21. Hot and cold water available				43. Toilet facilities: properly constructed, supplied, cleaned	
Ware Sink Temp _____ °F Hand Sink Temp _____ °F				44a. Premises kept free of debris and unnecessary equipment	
LIQUID WASTE DISPOSAL					
22. Sewage and wastewater properly disposed				44b. Appropriate use of equipment	
VERMIN					
23. No rodents, insects, birds, or animals				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	
				PERMANENT FOOD FACILITIES	
				45. Floor walls and ceilings: built, maintained, and clean	
				46. No unapproved private homes/living or sleeping quarters	
				SIGNS/REQUIREMENTS	
				47. Signs posted; last inspection report available	
				COMPLIANCE & ENFORCEMENT	
				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	

Owner/Operator: Lucio Cervantes Title: Manager/Chef REHS: [Signature] Form Updated 01/2010



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ITEM/LOCATION	TEMP	ITEM/LOCATION	TEMP

OBSERVATIONS AND CORRECTIVE ACTIONS

change of ownership inspection

structurally OK

New automatic dishwasher will be installed - this must be drained into existing floor sink.

OK to issue permit to new owner. Must come in and obtain permit before opening

Owner/Operator: [Signature] Title: Manager/Owner REHS: [Signature]