



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 1/4/11  
 Page 1 of 2

**RETAIL FOOD FACILITY INSPECTION REPORT**

DBA: Robbins Merchantile Permit Holder: SHAFQAT ALI  
 Address: 4895 Del Monte Ave City: Robbins, CA Zip: 95676 Phone: \_\_\_\_\_  
 Computer #: 1003

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				25. Personal cleanliness and hair restraints	
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				FOOD STORAGE/DISPLAY/SERVICE	
5. Hands clean and properly washed; gloves used properly				28. Washing fruits and vegetables	
6. Adequate handwashing facilities supplied & accessible				29. Toxic substances properly identified, stored, used	
TIME AND TEMPERATURE RELATIONSHIPS				EQUIPMENT/UTENSILS/LINENS	
7. Proper hot and cold holding temperatures				30. Food storage; food storage containers identified	
8. Time as a public health control; procedures & records				31. Consumer self-service	
9. Proper cooling methods				32. Food properly labeled & honestly presented	
10. Proper cooking time & temperatures				PHYSICAL FACILITIES	
11. Proper reheating procedures for hot holding				41. Plumbing: proper backflow devices	
PROTECTION FROM CONTAMINATION				42. Garbage and refuse properly disposed; facilities maintained	
12. Returned and reservice of food				43. Toilet facilities: properly constructed, supplied, cleaned	
13. Food in good condition: safe and unadulterated				44a. Premises kept free of debris and unnecessary equipment	X
14a. Food contact surfaces: clean and sanitized				44b. Appropriate use of equipment	
14b. Proper warewashing and sanitizing procedures				44c. Janitorial area, provided maintained, and kept clean	
Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Hot Water <input type="checkbox"/> Other				44d. Employee personal items stored in approved location	
Sanitizer Concentration (ppm): _____				44e. Facility is equipped to prevent vermin entrance/harborage	
FOOD FROM APPROVED SOURCES				PERMANENT FOOD FACILITIES	
15. Food obtained from approved source				45. Floor walls and ceilings: built, maintained, and clean	
16. Compliance with shellstock tags, condition, display				46. No unapproved private homes/living or sleeping quarters	
17. Compliance with Gulf oyster regulations				SIGNS/REQUIREMENTS	
CONFORMANCE WITH APPROVED PROCEDURES				COMPLIANCE & ENFORCEMENT	
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				47. Signs posted; last inspection report available	
CONSUMER ADVISORY				48. Plan Review	
19. Raw, undercooked, and confectionary containing alcohol foods				49. Permits Available	7/31/11
HIGHLY SUSCEPTIBLE POPULATIONS				50. Impoundment	
20. Licensed health care facilities/public & private schools; prohibited foods not offered				51. Permit Suspension	
WATER/HOT WATER				52. Other	
21. Hot and cold water available				NON-PERMANENT FOOD FACILITIES	
Ware Sink Temp _____ °F Hand Sink Temp <u>70</u> °F			X	53. Mobile Food Facilities	
LIQUID WASTE DISPOSAL				54. Temporary Food Facilities	
22. Sewage and wastewater properly disposed					
VERMIN					
23. No rodents, insects, birds, or animals					

Owner/Operator: [Signature] Title: Manager

REFS: [Signature] Form Updated 01/2010



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ITEM/LOCATION	TEMP	ITEM/LOCATION	TEMP

**OBSERVATIONS AND CORRECTIVE ACTIONS**

44a. Lots of unnecessary equipment & unkept area behind coffee dispensers in util area. Clean on a regular basis.

21. Restroom lacks hot water & is unkept & dirty. Please provide hot water & clean on a regular basis.

Owner/Operator: [Signature] Title: Manager

REHS: [Signature]