



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 4/7/11

Page 1 of 5

RETAIL FOOD FACILITY INSPECTION REPORT

DBA: El Marino Permit Holder: Daniel & Aurora Santos
 Address: 610 N. Paloma Ave City: Yuba City, CA Zip: 95991 Phone: 671-9729
 Computer #: 1015

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: <u>Daniel Santos</u> Exp. Date: <u>7/26/11</u> | | | | PERSONAL CLEANLINESS | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | GENERAL FOOD SAFETY REQUIREMENTS | |
| 2. Communicable disease; reporting, restrictions & exclusions | | | | 26. Approved thawing methods used, frozen food | |
| 3. No discharge from eyes, nose, or mouth; no open wounds | | | | 27. Food separated and protected | |
| 4. Proper eating, tasting, drinking or tobacco use | | | | 28. Washing fruits and vegetables | |
| PREVENTING CONTAMINATION BY HANDS | | | | FOOD STORAGE/DISPLAY/SERVICE | |
| 5. Hands clean and properly washed; gloves used properly | | | <input checked="" type="checkbox"/> | 30. Food storage; food storage containers identified | <input checked="" type="checkbox"/> |
| 6. Adequate handwashing facilities supplied & accessible | | | <input checked="" type="checkbox"/> | 31. Consumer self-service | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | EQUIPMENT/UTENSILS/LINENS | |
| 7. Proper hot and cold holding temperatures | | | | 33. Nonfood contact surfaces clean | |
| 8. Time as a public health control; procedures & records | | | | 34. Warewashing facilities: installed, maintained, used; test strips | |
| 9. Proper cooling methods | | | <input checked="" type="checkbox"/> | 35. Equipment/Utensils approved; installed; clean; good repair, capacity | <input checked="" type="checkbox"/> |
| 10. Proper cooking time & temperatures | | | | 36. Equipment, utensils and linens: storage and use | |
| 11. Proper reheating procedures for hot holding | | | | 37. Vending machines | |
| PROTECTION FROM CONTAMINATION | | | | PHYSICAL FACILITIES | |
| 12. Returned and reserve of food | | | | 41. Plumbing: proper backflow devices | <input checked="" type="checkbox"/> |
| 13. Food in good condition: safe and unadulterated | | | | 42. Garbage and refuse properly disposed; facilities maintained | |
| 14a. Food contact surfaces: clean and sanitized | | | | 43. Toilet facilities: properly constructed, supplied, cleaned | |
| 14b. Proper warewashing and sanitizing procedures | | | <input checked="" type="checkbox"/> | 44a. Premises kept free of debris and unnecessary equipment | <input checked="" type="checkbox"/> |
| Sanitizer Type: <input checked="" type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Hot Water <input type="checkbox"/> Other | | | | 44b. Appropriate use of equipment | |
| Sanitizer Concentration (ppm): | | | | 44c. Janitorial area, provided maintained, and kept clean | |
| FOOD FROM APPROVED SOURCES | | | | 44d. Employee personal items stored in approved location | |
| 15. Food obtained from approved source | | | | 44e. Facility is equipped to prevent vermin entrance/harborage | <input checked="" type="checkbox"/> |
| 16. Compliance with shellstock tags, condition, display | | | | PERMANENT FOOD FACILITIES | |
| 17. Compliance with Gulf oyster regulations | | | | 45. Floor walls and ceilings: built, maintained, and clean | <input checked="" type="checkbox"/> |
| CONFORMANCE WITH APPROVED PROCEDURES | | | | SIGNS/REQUIREMENTS | |
| 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | | 47. Signs posted; last inspection report available | |
| CONSUMER ADVISORY | | | | COMPLIANCE & ENFORCEMENT | |
| 19. Raw, undercooked, and confectionary containing alcohol foods | | | | 48. Plan Review | <input checked="" type="checkbox"/> |
| HIGHLY SUSCEPTIBLE POPULATIONS | | | | 49. Permits Available <u>7/3/11</u> | |
| 20. Licensed health care facilities/public & private schools; prohibited foods not offered | | | | 50. Impoundment | |
| WATER/HOT WATER | | | | 51. Permit Suspension | |
| 21. Hot and cold water available | | | | 52. Other | |
| Ware Sink Temp <u>105</u> °F Hand Sink Temp <u>105</u> °F | | | | NON-PERMANENT FOOD FACILITIES | |
| LIQUID WASTE DISPOSAL | | | | 53. Mobile Food Facilities | |
| 22. Sewage and wastewater properly disposed | | | | 54. Temporary Food Facilities | |
| VERMIN | | | | | |
| 23. No rodents, insects, birds, or animals | | | | | |

Owner/Operator: Elizabeth G.

Title:

REHS: [Signature] Form Updated 01/2010



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 4/7/11
 Page 2 of 5

RETAIL FOOD FACILITY INSPECTION REPORT

DBA: EL MARINO Permit Holder: DANIEL & AURORA SANTOS
 Address: 610 N. PALORA AVE City: Yuba City, CA Zip: 95991 Phone: _____

| ITEM/LOCATION | TEMP | ITEM/LOCATION | TEMP |
|----------------------|--------------|---------------|------|
| <u>REFRIED BEANS</u> | <u>160°F</u> | | |
| | | | |
| | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

14b. 6.35. ENTIRE BAR HAS BEEN RELOCATED TO SOUTHSIDE
 38. 41. 45. OF DINING ROOM IN FRONT OF SODA DISPENSING
 48. AREA WITHOUT ENVIRONMENTAL HEALTH
 APPROVAL. DISCONTINUE USE OF BAR UNTIL SUCH
 TIME PLANS HAVE BEEN SUBMITTED & APPROVED
 BY ENVIRONMENTAL HEALTH. PLANS SHALL
 BE SUBMITTED W/IN 30 DAYS OR REMOVE
 BAR COMPLETELY.

35. DOMESTIC REFRIGERATOR IN USE IN FRONT OF
 RESTROOMS. REMOVE W/IN 30 DAYS.

6. DUAL USE SINK IN BACKROOM LACKS SOAPIN
 DISPENSER. PROVIDE AT ALL TIMES

Owner/Operator: Elisabeth A Title: _____

REHS:



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 4/7/11
 Page 3 of 5

RETAIL FOOD FACILITY INSPECTION REPORT

DBA: El Marino Permit Holder: Daniel & Aurora Santos
 Address: 610 N. Palora City: Yuba City, CA Zip: 95991 Phone: _____

| ITEM/LOCATION | TEMP | ITEM/LOCATION | TEMP |
|---------------|------|---------------|------|
| | | | |
| | | | |
| | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

35. WALK-IN DIRTY & PANELS COMING APART.
 CLEAN & REPAIR.

39. NO THERMOMETERS IN ANY REFRIGERATION
 IN FACILITY. PROVIDE THERMOMETERS &
 MAINTAIN AT OR BELOW 41°F

30. CONTAINERS OF FOOD LEFT UNCOVERED IN
 COOKING REACH-IN. KEEP FOOD COVERED.

9.30 REFINED BEANS STORED IN DEEP CONTAINER IN
 WALK-IN COOLER. PROVIDE SHALLOW PANS
 WHEN COOLING OR STORING PHFS TO ALLOW
 FOR PROPER COOLING.

Owner/Operator: Elizabeth G Title: _____

REHS:



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 4/7/11
 Page 7 of 5

RETAIL FOOD FACILITY INSPECTION REPORT

DBA: El MARINO Permit Holder: DANIEL & AURORA SANTOS
 Address: 610 N. PALORA AVE City: Yuba City, CA Zip: 95991 Phone: _____

| ITEM/LOCATION | TEMP | ITEM/LOCATION | TEMP |
|---------------|------|---------------|------|
| | | | |
| | | | |
| | | | |
| | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

44E. Small holes throughout kitchen. Cover up to avoid entrance of vermin.

44E. SCREEN DOOR HAS GAPS & SCREEN WINDOW ABC IN BACKROOM. REPLACE SCREENS ON DOOR & WINDOW & REPLACE w/ SCREENS THAT ARE COMPLETELY ~~ENCLOSED~~ ENCLOSED.

44A. Small storage room has unnecessary equipment & junk not being used. REMOVE IMMEDIATELY.

38. BEVERAGE DISPENSING AREA LACK PROPER lighting. Provide shatterproof lighting

Owner/Operator: Elizabeth G. Title: _____

REHS:



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 4/7/11
 Page 5 of 5

RETAIL FOOD FACILITY INSPECTION REPORT

DBA: El Marino Permit Holder: DANIEL & AURORA SANTOS
 Address: 610 N. PALORA Ave City: Yuba City, CA Zip: 95991 Phone: _____

| ITEM/LOCATION | TEMP | ITEM/LOCATION | TEMP |
|---------------|------|---------------|------|
| | | | |
| | | | |
| | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

45. Floor coming apart in kitchen where equipment was moved around, also ceiling coming apart through kitchen. REPAIR.

45. Facility messy. Clean thoroughly. A reinspection will occur AFTER 4/21/11

No other violation noted at time of inspection

Owner/Operator: Elizabeth G. Title: _____

REHS: