



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 5/17/11
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RETAIL FOOD FACILITY INSPECTION REPORT

DBA: HARLEY HOUSE BED & BREAKFAST Permit Holder: ROBERT J LEE JONES
 Address: 212 C St City: Yuba City, CA Zip: 95991 Phone: 674-1942
 Computer #: 1311

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				SUPERVISION	
1. Demonstration of knowledge; food safety certification			X	24. Person in charge present and performs duties	
Food Safety Cert Name: <u>Robert Jones</u>				PERSONAL CLEANLINESS	
Exp. Date:				25. Personal cleanliness and hair restraints	
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				29. Toxic substances properly identified, stored, used	
6. Adequate handwashing facilities supplied & accessible				30. Food storage; food storage containers identified	
TIME AND TEMPERATURE RELATIONSHIPS				EQUIPMENT/UTENSILS/LINENS	
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				PHYSICAL FACILITIES	
10. Proper cooking time & temperatures				41. Plumbing: proper backflow devices	
11. Proper reheating procedures for hot holding				42. Garbage and refuse properly disposed; facilities maintained	
PROTECTION FROM CONTAMINATION				43. Toilet facilities: properly constructed, supplied, cleaned	
12. Returned and reservice of food				44a. Premises kept free of debris and unnecessary equipment	
13. Food in good condition: safe and unadulterated				44b. Appropriate use of equipment	
14a. Food contact surfaces: clean and sanitized				44c. Janitorial area, provided maintained, and kept clean	
14b. Proper warewashing and sanitizing procedures				44d. Employee personal items stored in approved location	
Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input checked="" type="checkbox"/> Hot Water <input type="checkbox"/> Other				44e. Facility is equipped to prevent vermin entrance/harborage	
Sanitizer Concentration (ppm):				PERMANENT FOOD FACILITIES	
FOOD FROM APPROVED SOURCES				45. Floor walls and ceilings: built, maintained, and clean	
15. Food obtained from approved source				46. No unapproved private homes/living or sleeping quarters	
16. Compliance with shellstock tags, condition, display				SIGNS/REQUIREMENTS	
17. Compliance with Gulf oyster regulations				47. Signs posted; last inspection report available	
CONFORMANCE WITH APPROVED PROCEDURES				COMPLIANCE & ENFORCEMENT	
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				48. Plan Review	
CONSUMER ADVISORY				49. Permits Available	<u>5/31/12</u>
19. Raw, undercooked, and confectionary containing alcohol foods				50. Impoundment	
HIGHLY SUSCEPTIBLE POPULATIONS				51. Permit Suspension	
20. Licensed health care facilities/public & private schools; prohibited foods not offered				52. Other	
WATER/HOT WATER				NON-PERMANENT FOOD FACILITIES	
21. Hot and cold water available				53. Mobile Food Facilities	
Ware Sink Temp _____ °F Hand Sink Temp <u>100</u> °F				54. Temporary Food Facilities	
LIQUID WASTE DISPOSAL					
22. Sewage and wastewater properly disposed					
VERMIN					
23. No rodents, insects, birds, or animals					

Owner/Operator: [Signature] Title: Owner REHS: [Signature] Form Updated 01/2010



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 Address: 212 C St City: Yuba City, CA Zip: 95991 Phone: _____

ITEM/LOCATION	TEMP	ITEM/LOCATION	TEMP

OBSERVATIONS AND CORRECTIVE ACTIONS

1. FOOD SAFETY CERTIFICATION HAS EXPIRED. HAVE SOMEONE CERTIFIED W/IN 60 DAYS

No other violations noted at time of inspection.

Owner/Operator: [Signature] Title: Owner

REHS: [Signature]