



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 10/3/11  
 Page 1 of 2

**RETAIL FOOD FACILITY INSPECTION REPORT**

DBA: Sutter Butter Market Permit Holder: Satnam Singh  
 Address: 11277 Garden Hwy City: Yuba City, CA Zip: 95991 Phone: 713-6699  
 Computer #: 3002

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**

DEMONSTRATION OF KNOWLEDGE	COS	MAJ	MIN
1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name: _____ Exp. Date: _____			
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>			
2. Communicable disease; reporting, restrictions & exclusions			
3. No discharge from eyes, nose, or mouth; no open wounds			
4. Proper eating, tasting, drinking or tobacco use			
<b>PREVENTING CONTAMINATION BY HANDS</b>			
5. Hands clean and properly washed; gloves used properly			
6. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>			
7. Proper hot and cold holding temperatures			
8. Time as a public health control; procedures & records			
9. Proper cooling methods			
10. Proper cooking time & temperatures			
11. Proper reheating procedures for hot holding			
<b>PROTECTION FROM CONTAMINATION</b>			
12. Returned and reservice of food			
13. Food in good condition: safe and unadulterated			
14a. Food contact surfaces: clean and sanitized			
14b. Proper warewashing and sanitizing procedures			
Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Hot Water <input type="checkbox"/> Other Sanitizer Concentration (ppm): _____			
<b>FOOD FROM APPROVED SOURCES</b>			
15. Food obtained from approved source			
16. Compliance with shellstock tags, condition, display			
17. Compliance with Gulf oyster regulations			
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>			
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
<b>CONSUMER ADVISORY</b>			
19. Raw, undercooked, and confectionary containing alcohol foods			
<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>			
20. Licensed health care facilities/public & private schools; prohibited foods not offered			
<b>WATER/HOT WATER</b>			
21. Hot and cold water available Ware Sink Temp _____ °F Hand Sink Temp <u>100</u> °F		<input checked="" type="checkbox"/>	
<b>LIQUID WASTE DISPOSAL</b>			
22. Sewage and wastewater properly disposed			
<b>VERMIN</b>			
23. No rodents, insects, birds, or animals			

**APPROVED RETAIL PRACTICES**

SUPERVISION	MIN
24. Person in charge present and performs duties	
<b>PERSONAL CLEANLINESS</b>	
25. Personal cleanliness and hair restraints	
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>	
26. Approved thawing methods used, frozen food	
27. Food separated and protected	
28. Washing fruits and vegetables	
29. Toxic substances properly identified, stored, used	
<b>FOOD STORAGE/DISPLAY/SERVICE</b>	
30. Food storage; food storage containers identified	
31. Consumer self-service	
32. Food properly labeled & honestly presented	
<b>EQUIPMENT/UTENSILS/LINENS</b>	
33. Nonfood contact surfaces clean	
34. Warewashing facilities: installed, maintained, used; test strips	
35. Equipment/Utensils approved; installed; clean; good repair, capacity	
36. Equipment, utensils and linens: storage and use	
37. Vending machines	
38. Adequate ventilation and lighting; designated areas, use	
39. Thermometers provided and accurate	
40. Wiping cloths: properly used and stored	
Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia Sanitizer Concentration (ppm): _____	
<b>PHYSICAL FACILITIES</b>	
41. Plumbing: proper backflow devices	
42. Garbage and refuse properly disposed; facilities maintained	
43. Toilet facilities: properly constructed, supplied, cleaned	
44a. Premises kept free of debris and unnecessary equipment	<input checked="" type="checkbox"/>
44b. Appropriate use of equipment	
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	
<b>PERMANENT FOOD FACILITIES</b>	
45. Floor walls and ceilings: built, maintained, and clean	
46. No unapproved private homes/living or sleeping quarters	
<b>SIGNS/REQUIREMENTS</b>	
47. Signs posted; last inspection report available	
<b>COMPLIANCE &amp; ENFORCEMENT</b>	
48. Plan Review	
49. Permits Available	<u>5/31/12</u>
50. Impoundment	
51. Permit Suspension	
52. Other	
<b>NON-PERMANENT FOOD FACILITIES</b>	
53. Mobile Food Facilities	
54. Temporary Food Facilities	



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ITEM/LOCATION	TEMP	ITEM/LOCATION	TEMP

**OBSERVATIONS AND CORRECTIVE ACTIONS**

44A. UNNECESSARY EQUIPMENT & SHELVES STORED IN BACK ROOM. REMOVE

21. COFFEE BEING SOLD w/out APPROVED WATER SOURCE. DISCONTINUE SELLING OF OPEN COFFEE UNTIL PROPER WATER TESTING STANDARDS thru STATE ARE MET.

No other violations noted at time of inspection

Owner/Operator: M. Perchillo Title: \_\_\_\_\_

REHS: