



### RETAIL FOOD FACILITY INSPECTION REPORT

DBA: Office Depot Permit Holder: \_\_\_\_\_  
 Address: 1068 Hartshorn Rd City: Yuba City Zip: 95993 Phone: \_\_\_\_\_  
 Computer #: 1686

- 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 by the owner of the food facility.*

RISK FACTOR INTERVENTIONS				APPROVED RETAIL PRACTICES			
	COS	MAJ	MIN				
<b>DEMONSTRATION OF KNOWLEDGE</b>							
1. Demonstration of knowledge; food safety certification				24. Person in charge present and performs duties			
Food Safety Cert Name: _____ Exp. Date: _____				25. Personal cleanliness and hair restraints			
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>							
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			
<b>PREVENTING CONTAMINATION OF HANDS</b>				29. Toxic substances properly identified, stored, used			
5. Hands clean and properly washed; gloves used properly				<b>FOOD STORAGE</b>			
6. Adequate handwashing facilities supplied & accessible				30. Food storage; food storage containers identified			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				31. Consumer self-service			
7. Proper hot and cold holding temperatures				32. Food properly labeled & honestly presented			
8. Time as a public health control; procedures & records				<b>NONFOOD CONTACT SURFACES</b>			
9. Proper cooling methods				33. Nonfood contact surfaces clean			
10. Proper cooking time & temperatures				34. Warewashing facilities: installed, maintained, used; test strips			
11. Proper reheating procedures for hot holding				35. Equipment/Utensils approved; installed; clean; good repair, capacity			
<b>PROTECTING FOOD FROM CONTAMINATION</b>				36. Equipment, utensils and linens: storage and use			
12. Returned and reservice of food				37. Vending machines			
13. Food in good condition: safe and unadulterated				38. Adequate ventilation and lighting; designated areas, use			
14a. Food contact surfaces: clean and sanitized				39. Thermometers provided and accurate			
14b. Proper warewashing and sanitizing procedures				40. Wiping cloths: properly used and stored			
Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Hot Water <input type="checkbox"/> Other				Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia			
Sanitizer Concentration (ppm): _____				Sanitizer Concentration (ppm): _____			
<b>FOOD FROM APPROVED SOURCES</b>				<b>PHYSICAL FACILITIES</b>			
15. Food obtained from approved source				41. Plumbing: proper backflow devices			
16. Compliance with shellstock tags, condition, display				42. Garbage and refuse properly disposed; facilities maintained			
17. Compliance with Gulf oyster regulations				43. Toilet facilities: properly constructed, supplied, cleaned			
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				44a. Premises kept free of debris and unnecessary equipment			
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				44b. Appropriate use of equipment			
<b>CONSUMER ADVISORY</b>				44c. Janitorial area, provided maintained, and kept clean			
19. Raw, undercooked, and confectionary containing alcohol foods				44d. Employee personal items stored in approved location			
<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>				44e. Facility is equipped to prevent vermin entrance/harborage			
20. Licensed health care facilities/public & private schools; prohibited foods not offered				<b>PERMANENT FOOD FACILITIES</b>			
<b>WATER/HOT WATER</b>				45. Floor walls and ceilings: built, maintained, and clean			
21. Hot and cold water available				46. No unapproved private homes/living or sleeping quarters			
Ware Sink Temp _____ °F Hand Sink Temp _____ °F				<b>INSIGN/REQUIREMENTS</b>			
<b>LIQUID WASTE DISPOSAL</b>				47. Signs posted; last inspection report available			
22. Sewage and wastewater properly disposed				<b>COMPLIANCE/ENFORCEMENT</b>			
<b>VERMIN</b>				48. Plan Review			
23. No rodents, insects, birds, or animals				49. Permits Available <u>12/2011</u>			
				50. Impoundment			
				51. Permit Suspension			
				52. Other			
				<b>NON-PERMANENT FOOD FACILITIES</b>			
				53. Mobile Food Facilities			
				54. Temporary Food Facilities			

Owner/Operator: [Signature] Title: Dept. Manager 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 12/22/11  
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 Address: 1068 Hartel Rd City: Yuba City Zip: 95993 Phone: \_\_\_\_\_

ITEM/LOCATION	TEMP	ITEM/LOCATION	TEMP

**OBSERVATIONS AND CORRECTIVE ACTIONS**

No violations

Since this store has 25 sq. ft. of floor space or less now devoted to food you may not need a permit. If you wish to not be permitted send our department a letter stating that you will never exceed this 25 sq ft of floor space and we will delete your future health permit.

Send letter to above address. (Attn: Mark Warren)

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