



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 3/8/12
 Page 1 of 1

RETAIL FOOD FACILITY INSPECTION REPORT

DBA: Jack In The Box Permit Holder: _____
 Address: 1111 Colusa Ave City: Yuba City Zip: 95991 Phone: 673-0513
 Computer #: 1106

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)

NO VIOLATIONS

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>Juanita Jackson</u> Exp. Date: <u>9/2012</u>				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				28. Washing fruits and vegetables			
5. Hands clean and properly washed; gloves used properly				29. Toxic substances properly identified, stored, used			
6. Adequate handwashing facilities supplied & accessible				FOOD STORAGE/DISPLAY/SERVICE			
TIME AND TEMPERATURE RELATIONSHIPS				30. Food storage; food storage containers identified			
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				EQUIPMENT/UTENSILS/LINENS			
10. Proper cooking time & temperatures				33. Nonfood contact surfaces clean			
11. Proper reheating procedures for hot holding				34. Warewashing facilities: installed, maintained, used; test strips			
PROTECTION FROM CONTAMINATION				35. Equipment/Utensils approved; installed; clean; good repair, capacity			
12. Returned and reservice of food				36. Equipment, utensils and linens: storage and use			
13. Food in good condition: safe and unadulterated				37. Vending machines			
14a. Food contact surfaces: clean and sanitized				38. Adequate ventilation and lighting; designated areas, use			
14b. Proper warewashing and sanitizing procedures				39. Thermometers provided and accurate			
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):			
FOOD FROM APPROVED SOURCES				PHYSICAL FACILITIES			
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			
CONFORMANCE WITH APPROVED PROCEDURES				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			
CONSUMER ADVISORY				44c. Janitorial area, provided maintained, and kept clean			
19. Raw, undercooked, and confectionary containing alcohol foods				44d. Employee personal items stored in approved location			
HIGHLY SUSCEPTIBLE POPULATIONS				44e. Facility is equipped to prevent vermin entrance/harborage			
20. Licensed health care facilities/public & private schools; prohibited foods not offered				PERMANENT FOOD FACILITIES			
WATER/HOT WATER				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				SIGNS/REQUIREMENTS			
LIQUID WASTE DISPOSAL				47. Signs posted; last inspection report available			
22. Sewage and wastewater properly disposed				COMPLIANCE & ENFORCEMENT			
VERMIN				48. Plan Review			
23. No rodents, insects, birds, or animals				49. Permits Available <u>3/2012</u>			
				50. Impoundment			
				51. Permit Suspension			
				52. Other			
				NON-PERMANENT FOOD FACILITIES			
				53. Mobile Food Facilities			
				54. Temporary Food Facilities			

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