



**RETAIL FOOD FACILITY INSPECTION REPORT**

DBA: Del Taco Permit Holder: \_\_\_\_\_  
 Address: 1078 Harter Rd City: Yuba City Zip: 95993 Phone: 673-5103  
 Computer #: \_\_\_\_\_

- 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
<b>DEMONSTRATION OF KNOWLEDGE</b>				<b>SUPERVISION</b>	
1. Demonstration of knowledge; food safety certification				24. Person in charge present and performs duties	
Food Safety Cert Name: <u>Raguel Bastianelli</u> Exp. Date: <u>2/2016</u>				<b>PERSONAL CLEANLINESS</b>	
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				25. Personal cleanliness and hair restraints	
2. Communicable disease; reporting, restrictions & exclusions				<b>GENERAL FOOD SAFETY REQUIREMENTS</b>	
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	X
<b>PREVENTING CONTAMINATION BY HANDS</b>				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				<b>FOOD STORAGE/DISPLAY/SERVICE</b>	
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				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				<b>EQUIPMENT/UTENSILS/LINENS</b>	
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	
<b>PROTECTION FROM CONTAMINATION</b>				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):	
<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>SIGNS/REQUIREMENTS</b>	
<b>LIQUID WASTE DISPOSAL</b>				47. Signs posted; last inspection report available	
22. Sewage and wastewater properly disposed				<b>COMPLIANCE &amp; ENFORCEMENT</b>	
<b>VERMIN</b>				48. Plan Review	
23. No rodents, insects, birds, or animals				49. Permits Available <u>7/2012</u>	
				50. Impoundment	
				51. Permit Suspension	
				52. Other	
				<b>NON-PERMANENT FOOD FACILITIES</b>	
				53. Mobile Food Facilities	
				54. Temporary Food Facilities	

Owner/Operator: Raguel Bastianelli Title: \_\_\_\_\_

REHS: [Signature] Form Updated 01/2010



