



RETAIL FOOD FACILITY INSPECTION REPORT

DBA: Michael's Permit Holder: _____
 Address: 1120 Harter Rd City: Yuba City Zip: 95993 Phone: 674-2601
 Computer #: 1092

- 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				24. Person in charge present and performs duties	
Food Safety Cert Name: _____ Exp. Date: _____				PERSONAL CLEANLINESS	
EMPLOYEE HEALTH & HYGIENIC PRACTICES				25. Personal cleanliness and hair restraints	
2. Communicable disease; reporting, restrictions & exclusions				GENERAL FOOD SAFETY REQUIREMENTS	
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				FOOD STORAGE/DISPLAY/SERVICE	
6. Adequate handwashing facilities supplied & accessible				29. Toxic substances properly identified, stored, used	
TIME AND TEMPERATURE RELATIONSHIPS				FOOD STORAGE/DISPLAY/SERVICE	
7. Proper hot and cold holding temperatures				30. Food storage; food storage containers identified	
8. Time as a public health control; procedures & records				31. Consumer self-service	
9. Proper cooling methods				32. Food properly labeled & honestly presented	
10. Proper cooking time & temperatures				EQUIPMENT/UTENSILS/LINENS	
11. Proper reheating procedures for hot holding				33. Nonfood contact surfaces clean	
PROTECTION FROM CONTAMINATION				34. Warewashing facilities: installed, maintained, used; test strips	
12. Returned and reservice of food				35. Equipment/Utensils approved; installed; clean; good repair, capacity	
13. Food in good condition: safe and unadulterated				36. Equipment, utensils and linens: storage and use	
14a. Food contact surfaces: clean and sanitized				37. Vending machines	
14b. Proper warewashing and sanitizing procedures				38. Adequate ventilation and lighting; designated areas, use	
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>12/2012</u>	
				50. Impoundment	
				51. Permit Suspension	
				52. Other	
				NON-PERMANENT FOOD FACILITIES	
				53. Mobile Food Facilities	
				54. Temporary Food Facilities	

NO VIOLATIONS

Owner/Operator: K. Chm Title: ops. mgr. REHS: [Signature] Form Updated 01/2010