



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 9/25/12
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RETAIL FOOD FACILITY INSPECTION REPORT

DBA: STRAW HAT PIZZA Permit Holder: DONNA ENGLISH
 Address: 540 BOGUE RD. #W2 City: Yuba City CA Zip: 95991 Phone: 671-5150
 Computer #: 1777

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	
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>DONNA ENGLISH</u> Exp. Date: <u>11/2016</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	X
6. Adequate handwashing facilities supplied & accessible			X	FOOD STORAGE/DISPLAY/SERVICE	
TIME AND TEMPERATURE RELATIONSHIPS				30. Food storage; food storage containers identified	X
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	X
14b. Proper warewashing and sanitizing procedures				39. Thermometers provided and accurate	
Sanitizer Type: <input checked="" type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Hot Water <input type="checkbox"/> Other				Sanitizer Type: <input type="checkbox"/> Chlorine <input checked="" type="checkbox"/> Quaternary Ammonia	
Sanitizer Concentration (ppm): <u>50</u>				Sanitizer Concentration (ppm): <u>200</u>	
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	X
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 <u>105</u> °F Hand Sink Temp <u>100</u> °F				SIGNS/REQUIREMENTS	
LIQUID WASTE DISPOSAL				COMPLIANCE & ENFORCEMENT	
22. Sewage and wastewater properly disposed				47. Signs posted; last inspection report available	
VERMIN				48. Plan Review	
23. No rodents, insects, birds, or animals				49. Permits Available	<u>12/31/12</u>
				50. Impoundment	
				51. Permit Suspension	
				52. Other	
				NON-PERMANENT FOOD FACILITIES	
				53. Mobile Food Facilities	
				54. Temporary Food Facilities	

Owner/Operator: B. Army 095001 Title: _____

REHS: [Signature] Form Updated 01/2010



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DBA: STRAW HAT PIZZA Permit Holder: DONNA ENGLISH
 Address: 540 Bogue Rd. #W2 City: Yuba City, CA Zip: 95991 Phone: 673-5150

ITEM/LOCATION	TEMP	ITEM/LOCATION	TEMP
Sliced tomatoes / COOKLINE FR.	41°F	Potatoe salad / SALAD BAR	41°
Mozzarella / " "	40°F	MACARONI SALAD / " "	41°
Pizza Dough / WALK-IN COOLER	39°F	Cottage cheese / " "	42°F
		FROZEN CHICKEN WINGS / FREEZER	15°F

OBSERVATIONS AND CORRECTIVE ACTIONS

SCREEN DOOR AT BACK OF RESTAURANT HAS
 44E. Big gaps at the top & bottom. REPLACE DOOR w/
 TIGHT FITTING DOOR w/ NO GAPS, OR ENCLOSE
 GAPS WITH APPROVED MATERIAL TO AVOID ENTRANCE
 OF VERMIN.

38 HOOD GREASY, FILTERS DIRTY. PLEASE CLEAN.

38. VENTS IN WALK-IN COOLER DIRTY. PLEASE CLEAN.

29. CHEMICALS STORED ON FLOOR IN CHEMICAL
 STORAGE. ALSO CHEMICAL SPILL AT CHEMICAL
 STORAGE. CLEAN SPILL & KEEP CHEMICALS OFF
 OF FLOOR.

Owner/Operator: Brian Good Title: _____

REHS:



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DBA: STRAW HAT PIZZA Permit Holder: DONNA ENGLISH

Address: 540 BOGUE RD. #W2 City: Yuba City, CA Zip: 95991 Phone: 673-5750

ITEM/LOCATION	TEMP	ITEM/LOCATION	TEMP

OBSERVATIONS AND CORRECTIVE ACTIONS

30. SOME BOXES OF VEGETABLES STORED ON FLOOR IN WALK-IN COOLER. KEEP OFF OF FLOOR A MINIMUM OF 6"

6. NO PAPER TOWELS AT BACK HAND SINK. PROVIDE

NO OTHER VIOLATIONS NOTED AT TIME OF INSPECTION

Owner/Operator: Brittany Jones Title: _____

REHS: _____

DISTRIBUTION: Original-Department; Yellow-Owner/Operator

Form Updated 01/2010