



RETAIL FOOD FACILITY INSPECTION REPORT

DBA: Miles Market Permit Holder: Kabul Singh
 Address: 420 Miles Ave City: Yuba City, CA Zip: 95991 Phone: 673-1865
 Computer #: 3030

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: _____ 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				29. Toxic substances properly identified, stored, used	
6. Adequate handwashing facilities supplied & accessible				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	X
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				39. Thermometers provided and accurate	
Sanitizer Concentration (ppm): _____				40. Wiping cloths: properly used and stored	
FOOD FROM APPROVED SOURCES				Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia	
15. Food obtained from approved source				Sanitizer Concentration (ppm): _____	
16. Compliance with shellstock tags, condition, display				PHYSICAL FACILITIES	
17. Compliance with Gulf oyster regulations				41. Plumbing: proper backflow devices	
CONFORMANCE WITH APPROVED PROCEDURES				42. Garbage and refuse properly disposed; facilities maintained	
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				43. Toilet facilities: properly constructed, supplied; cleaned	
CONSUMER ADVISORY				44a. Premises kept free of debris and unnecessary equipment	
19. Raw, undercooked, and confectionary containing alcohol foods				44b. Appropriate use of equipment	
HIGHLY SUSCEPTIBLE POPULATIONS				44c. Janitorial area; provided maintained, and kept clean	X
20. Licensed health care facilities/public & private schools; prohibited foods not offered				44d. Employee personal items stored in approved location	
WATER/HOT WATER				44e. Facility is equipped to prevent vermin entrance/harboorage	
21. Hot and cold water available				PERMANENT FOOD FACILITIES	
Ware Sink Temp <u>100</u> °F Hand Sink Temp <u>100</u> °F				45. Floor walls and ceilings: built, maintained, and clean	X
LIQUID WASTE DISPOSAL				46. No unapproved private homes/living or sleeping quarters	
22. Sewage and wastewater properly disposed				SIGNS/REQUIREMENTS	
VERMIN				47. Signs posted; last inspection report available	
23. No rodents, insects, birds, or animals				COMPLIANCE & ENFORCEMENT	
				48. Plan Review	
				49. Permits Available	<u>9/2013</u>
				50. Impoundment	
				51. Permit Suspension	
				52. Other	
				NON-PERMANENT FOOD FACILITIES	
				53. Mobile Food Facilities	
				54. Temporary Food Facilities	

Owner/Operator: Adriana E. Ceja Title: _____

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 12/17/12
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ITEM/LOCATION	TEMP	ITEM/LOCATION	TEMP
Milk / Cooler.	39°		

OBSERVATIONS AND CORRECTIVE ACTIONS

- CHANGE OF Ownership

45. Flooring in BACK ROOM ADDITION is Rubber top-set.
 Provide APPROVED type FLOORING. Provide SAMPLE OF
 FLOOR BASE that is 4" in HEIGHT w/ 3/8" RADIUS CORNER.

35. 45. BEVERAGE counter ADDITION NOT APPROVED. Counter
 SHALL HAVE 6" LEGS OR CASTERS. WALLS ARE NOT
 Properly SEALED & LACK trim AROUND Structure OF
 WALL ~~Panel~~ PANELS. REPAIR.

44C Mop sink LACKS anti-syphon DEVICE. Provide.

LIGHTS NOT FUNCTIONING in SODA AISLE. REPAIR

- Correct & call FOR REinspection

Owner/Operator: Alfredo E. Rojas Title: _____

REHS: _____