



Authentic Mexican
RETAIL FOOD FACILITY INSPECTION REPORT

DBA: Betty's Restaurant Permit Holder: REATRIZ TICA
 Address: 10150 LIVE OAK BLVD City: LIVE OAK, CA Zip: 95953 Phone: 625-3535
 Computer #: 2005

Initial Routine 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			
DEMONSTRATION OF KNOWLEDGE	COS	MAJ	MIN
1. Demonstration of knowledge; food safety certification			X
Food Safety Cert Name: _____ Exp. Date: _____			
EMPLOYEE HEALTH & HYGIENIC PRACTICES			
2. Communicable disease; reporting, restrictions & exclusions			
3. No discharge from eyes, nose, or mouth; no open wounds			
4. Proper eating, tasting, drinking or tobacco use			
PREVENTING CONTAMINATION BY HANDS			
5. Hands clean and properly washed; gloves used properly		X	
6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS			
7. Proper hot and cold holding temperatures		X	
8. Time as a public health control; procedures & records			
9. Proper cooling methods			
10. Proper cooking time & temperatures			
11. Proper reheating procedures for hot holding			
PROTECTION FROM CONTAMINATION			
12. Returned and reservice of food			
13. Food in good condition: safe and unadulterated			
14a. Food contact surfaces: clean and sanitized			
14b. Proper warewashing and sanitizing procedures			
Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Hot Water <input type="checkbox"/> Other			
Sanitizer Concentration (ppm): _____			
FOOD FROM APPROVED SOURCES			
15. Food obtained from approved source			
16. Compliance with shellstock tags, condition, display			
17. Compliance with Gulf oyster regulations			
CONFORMANCE WITH APPROVED PROCEDURES			
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
CONSUMER ADVISORY			
19. Raw, undercooked, and confectionary containing alcohol foods.			
HIGHLY SUSCEPTIBLE POPULATIONS			
20. Licensed health care facilities/public & private schools; prohibited foods not offered			
WATER/HOT WATER			
21. Hot and cold water available			
Ware Sink Temp <u>110</u> °F Hand Sink Temp <u>100</u> °F			
LIQUID WASTE DISPOSAL			
22. Sewage and wastewater properly disposed			
VERMIN			
23. No rodents, insects, birds, or animals			X

APPROVED RETAIL PRACTICES	
SUPERVISION	MIN
24. Person in charge present and performs duties	
PERSONAL CLEANLINESS	
25. Personal cleanliness and hair restraints	
GENERAL FOOD SAFETY REQUIREMENTS	
26. Approved thawing methods used, frozen food	
27. Food separated and protected	X
28. Washing fruits and vegetables	
29. Toxic substances properly identified, stored, used	
FOOD STORAGE/DISPLAY/SERVICE	
30. Food storage; food storage containers identified	
31. Consumer self-service	
32. Food properly labeled & honestly presented	
EQUIPMENT/UTENSILS/LINENS	
33. Nonfood contact surfaces clean	
34. Warewashing facilities: installed, maintained, used; test strips	
35. Equipment/Utensils approved; installed; clean; good repair, capacity	X
36. Equipment, utensils and linens: storage and use	
37. Vending machines	
38. Adequate ventilation and lighting; designated areas, use	X
39. Thermometers provided and accurate	
40. Wiping cloths: properly used and stored	X
Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia	
Sanitizer Concentration (ppm): _____	
PHYSICAL FACILITIES	
41. Plumbing: proper backflow devices	X
42. Garbage and refuse properly disposed; facilities maintained	
43. Toilet facilities: properly constructed, supplied; cleaned	
44a. Premises kept free of debris and unnecessary equipment	X
44b. Appropriate use of equipment	
44c. Janitorial area, provided maintained, and kept clean	
44d. Employee personal items stored in approved location	
44e. Facility is equipped to prevent vermin entrance/harborage	X
PERMANENT FOOD FACILITIES	
45. Floor walls and ceilings: built, maintained, and clean	X
46. No unapproved private homes/living or sleeping quarters	
SIGNS/REQUIREMENTS	
47. Signs posted; last inspection report available	
COMPLIANCE & ENFORCEMENT	
48. Plan Review	
49. Permits Available	X
50. Impoundment	
51. Permit Suspension	
52. Other	
NON-PERMANENT FOOD FACILITIES	
53. Mobile Food Facilities	
54. Temporary Food Facilities	



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 3/12/13
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DBA: Betty's Restaurant Permit Holder: Beatriz Tica

Address: 10180 LIVE OAK BLVD. City: LIVE OAK, CA Zip: 95953 Phone: 625-3535

ITEM/LOCATION	TEMP	ITEM/LOCATION	TEMP
RICE / WARMER	150°F	RAW CHICKEN / 2-DOOR REACH-IN	40°F
SHREDDED BEEF / WARMER	155°F	WHOLE BEANS / 1 DOOR FRIG	40°F
REFRIED BEANS / "	145°F	SLICED TOMATOES / 1-DOOR REACH-IN	60°F
CHILI VERDE / "	160°F	DICED TOMATOES / 2-DOOR REACH-IN	39°F

OBSERVATIONS AND CORRECTIVE ACTIONS

27. Lettuce & RAW CHICKEN, RAW PORK STORED ON SAME SHELF. RAW CHICKEN SHALL BE STORED @ BOTTOM SHELF. DON'T STORE W/ NOW COOKED NOW PHFS ON SAME SHELF. C.O.S.

7. SLICED TOMATOES & CHEESE STORED IN NOW FUNCTIONING. DO NOT USE UNIT UNTIL IT CAN HOLD 40°F OR LOWER. C.O.S.

23, 44E. Fly strips still throughout facility, REMOVE. & PROVIDE FLY LIGHT 2ND NOTICE.

44A. Dry storage DISORGANIZED & BULK FOOD STORED ON FLOOR. 2ND NOTICE

Owner/Operator [Signature] Title: _____

REHS: [Signature]



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ITEM/LOCATION	TEMP.	ITEM/LOCATION	TEMP.

OBSERVATIONS AND CORRECTIVE ACTIONS

35.41. UTENSIL/BAR SINK STILL LEAKING. REPAIR
 AND NOTIFY 30 DAYS

45. WALL AND CEILING AROUND SANITATIONAL STATION
 STILL NOT REPAIRED. REPAIR W/IN 30 DAYS.

1. EMPLOYEES LACK FOOD HANDLER CERTIFICATION
 & NO ONE HAS FOOD MANAGER CERTIFICATION
 HAVE ON PERSON PASS FOOD MANAGER CERT. &
 HAVE ENTIRE STAFF TAKE FOOD HANDLER
 CARDS.

40 NO SANITIZING BUCKET W/ SANITIZER.
 PROVIDE SANITIZING BUCKET W/ CLOTHS &
 SANITIZER, 100 ppm Cl- OR 200ppm QUAT.

Owner/Operator: [Signature] Title: _____

REHS: [Signature]



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OBSERVATIONS AND CORRECTIVE ACTIONS

38. NOT ALL LIGHT HAVE SHATTER PROOF COVERS
 IN KITCHEN & PREP AREAS. PROVIDE.

49. PERMIT EXPIRED. PAY ANNUAL PERMIT
 FEE AS SOON AS POSSIBLE. TO AVOID
 LATE PENALTY FEES.

NOTE: WALK-IN COOLER SHALL BE REMOVED BY END
 OF MONTH. BETTY INFORMED ME THAT IT
 WOULD BE DISMANTLED DURING NON OPERATING
 HOURS.

CALL WHEN ITEMS ARE CORRECTED.
 CORRECT VIOLATIONS w/out a time line
 w/in 1 WEEK. REINSPECTION SHALL
 OCCUR AFTER 3/19/13

Owner/Operator: [Signature] Title: _____

REHS: [Signature]