



SUTTER COUNTY ENVIRONMENTAL HEALTH
 COMMUNITY SERVICES DEPARTMENT
 1130 Civic Center Boulevard
 Yuba City, CA 95993 (530) 822-7400

Date:	8/16/07
Recheck Date:	
Computer #:	
Correct Major Violations By:	
Correct Minor Violations By:	

FOOD PROGRAM INSPECTION REPORT

Rev 10/02

DBA/Name: <i>Four Corners Market.</i>	Permit License:
Address: <i>235 Pleasant Grove Rd 95674</i>	Time In:
Owner/Operator:	Time Out:
Mailing Address:	Applicable Law: Uniform Retail Food Facilities Law
Service: <input checked="" type="checkbox"/> 01-Initial <input type="checkbox"/> 02-Ongoing <input type="checkbox"/> 03-Reinspection <input type="checkbox"/> 04-Complaint <input type="checkbox"/> 05-Complaint Reinspection <input type="checkbox"/> 06-Consultation <input type="checkbox"/> 29-Construction	

The number and/or items cited below represent health and safety violations which must be corrected. Unless otherwise stated, the numbers referenced correspond to violations of the California Uniform Retail Food Facilities Law (CURFLL) listed on the reverse side. For complete text of the laws, refer to Division 104, Part 7, Chapter 4 of the California Health Code.

#	Violations	Major	Minor
1	Hot/Cold Holding		
2	Cooking/Reheating		
3	Cooling		
4	HACCP Plan		
5	Pure Food		
6	Frozen Food		
7	Refrigerator Storage		
8	Food Storage		
9	Food Display		
10	Food Labeling		
11	Thermometer		
12	Handwashing		
13	Gloves/Hand Contact		
14	Employee Habits		
15	Wash/Sanitize		
16	Utensil Sink		
17	Dishwasher		
18	Equipment		
19	Utensils		
20	Utensil Storage		
21	Vermin		
22	Chemical Hazards		
23	Spoils Storage		
24	Wiping Rags		
25	Water		
26	Plumbing		
27	Hand Sink		
28	Restrooms		
29	Shelving/Cabinets		
30	Enclosure		
31	Walls/Floor/Ceiling		
32	Ventilation		
33	Janitorial Sink		
34	Lighting		
35	Refuse/Garbage		
36	Permit		
37	Plan Check		
38	Food Safety Cert.		
39	Signs		
40	Other:		

- No violations noted at time of inspection.

Written approval from Environmental Health must be received prior to the installation of equipment and alteration or remodeling of the food facility. Written approval must be received from Environmental Health prior to any change of ownership.

REHS: _____
 Owner/Operator: *Samuel S. [Signature]*