



RETAIL FOOD FACILITY INSPECTION REPORT

DBA: Dower's Tavern Permit Holder: William E Long Jr
 Address: 315 COLUSA City: Yuba City Zip: 95991 Phone: _____
 Computer #: 162020

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				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 & exclusion				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	
TIME AND TEMPERATURE RELATIONSHIPS				30. Food storage; food storage containers identified	
7. Proper hot and cold holding temperatures				31. Consumer self-service	
8. Time as a public health control; procedures & records				EQUIPMENT/UTENSILS/LINENS	
9. Proper cooling methods				33. Nonfood contact surfaces clean	
10. Proper cooking time & temperatures				34. Warewashing facilities: installed, maintained, used; test strips	
11. Proper reheating procedures for hot holding				35. Equipment/Utensils approved; installed; clean; good repair, capacity	
PROTECTION FROM CONTAMINATION				36. Equipment, utensils and linens: storage and use	
12. Returned and reservice of food				37. Vending machines	
13. Food in good condition: safe and unadulterated				38. Adequate ventilation and lighting; designated areas, use	
14a. Food contact surfaces: clean and sanitized				39. Thermometers provided and accurate	
14b. Proper warewashing and sanitizing procedures			X	40. Wiping cloths: properly used and stored	
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 type="checkbox"/> Quaternary Ammonia	
Sanitizer Concentration (ppm): <u>0</u>				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	
Ware Sink Temp <u>120</u> °F Hand Sink Temp <u>100</u> °F				46. No unapproved private homes/living or sleeping quarters	
LIQUID WASTE DISPOSAL				SIGNS/REQUIREMENTS	
22. Sewage and wastewater properly disposed				47. Signs posted; last inspection report available	
VERMIN				COMPLIANCE & ENFORCEMENT	
23. No rodents, insects, birds, or animals				48. Plan Review	
				49. Permits Available <u>8/3/16</u>	
				50. Impoundment	
				51. Permit Suspension	
				52. Other	
				NON-PERMANENT FOOD FACILITIES	
				53. Mobile Food Facilities	
				54. Temporary Food Facilities	



SUTTER COUNTY ENVIRONMENTAL HEALTH DIVISION
 DEVELOPMENT SERVICES DEPARTMENT
 1130 Civic Center Boulevard, Suite A
 Yuba City, CA 95993
 Ph# (530) 822-7400 Fax# (530) 822-7220

Date 3/31/16
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ITEM/LOCATION	TEMP	ITEM/LOCATION	TEMP
walk in	33		
reach in	38		
cream	40		

OBSERVATIONS AND CORRECTIVE ACTIONS

⑭ Measured 0 ppm sanitizer in dish machine. Call service provider to service dish machine. Sanitize dishes manually in sink until machine is sanitizing at 50 ppm.

No other violations observed.

Owner/Operator: Dubi Robbins Title: _____

REHS: Lansie Tersey