



RETAIL FOOD FACILITY INSPECTION REPORT

DBA: Broadway Lounge Permit Holder: Art Rivera
 Address: 9840 Broadway St City: Live Oak Zip: 95953 Phone: 6952850
 Computer #: 11013106

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				
Food Safety Cert Name: _____ Exp. Date: _____				
EMPLOYEE HEALTH & HYGIENIC PRACTICES				
2. Communicable disease; reporting, restrictions & exclusion				
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				
6. Adequate handwashing facilities supplied & accessible				
TIME AND TEMPERATURE RELATIONSHIPS				
7. Proper hot and cold holding temperatures				
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			X	
14a. Food contact surfaces: clean and sanitized				
14b. Proper warewashing and sanitizing procedures				
Sanitizer Type: <input checked="" 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				
Ware Sink Temp <u>118</u> °F Hand Sink Temp _____ °F				
LIQUID WASTE DISPOSAL				
22. Sewage and wastewater properly disposed				
VERMIN				
23. No rodents, insects, birds, or animals				

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	
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	
36. Equipment, utensils and linens: storage and use	X
37. Vending machines	
38. Adequate ventilation and lighting; designated areas, use	
39. Thermometers provided and accurate	
40. Wiping cloths: properly used and stored	
Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia	
Sanitizer Concentration (ppm): _____	
PHYSICAL FACILITIES	
41. Plumbing: proper backflow devices	
42. Garbage and refuse properly disposed; facilities maintained	
43. Toilet facilities: properly constructed, supplied, cleaned	
44a. Premises kept free of debris and unnecessary equipment	
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	
PERMANENT FOOD FACILITIES	
45. Floor walls and ceilings: built, maintained, and clean	
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 <u>4/11/16</u>	
50. Impoundment	
51. Permit Suspension	
52. Other	
NON-PERMANENT FOOD FACILITIES	
53. Mobile Food Facilities	
54. Temporary Food Facilities	

Owner/Operator: [Signature] Title: _____



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 7/11/16
 Page 2 of 2

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ITEM/LOCATION	TEMP.	ITEM/LOCATION	TEMP.
walk in	35		

OBSERVATIONS AND CORRECTIVE ACTIONS

(13) three boxes of alcohol have fruit flies.
 Boxes discarded. Recommend using pour spouts w/ screens in caps.

(30) CO2 cylinders must be checked or secured.

Note: Hot water broken in women's restroom to be repaired.

Owner/Operator: [Signature] Title: _____

REHS: [Signature]