



RETAIL FOOD FACILITY INSPECTION REPORT

DBA: Beehive Market Permit Holder: Kartar Corporation, LLC
 Address: 301 Percy Avenue City: Yuba City Zip: 95991 Phone: 671-3549
 Computer #: 163006

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	
	COS	MAJ	MIN		MIN
DEMONSTRATION OF KNOWLEDGE				SUPERVISION	
1. Demonstration of knowledge; food safety certification			<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
6. Adequate handwashing facilities supplied & accessible		<input checked="" type="checkbox"/>		FOOD STORAGE/DISPLAY/SERVICE	
TIME AND TEMPERATURE RELATIONSHIPS				30. Food storage; food storage containers identified	
7. Proper hot and cold holding temperatures			<input checked="" type="checkbox"/>	31. Consumer self-service	
8. Time as a public health control; procedures & records				32. Food properly labeled & honestly presented	
9. Proper cooling methods				EQUIPMENT/UTENSILS/LINENS	
10. Proper cooking time & temperatures				33. Nonfood contact surfaces clean	
11. Proper reheating procedures for hot holding				34. Warewashing facilities: installed, maintained, used; test strips	
PROTECTION FROM CONTAMINATION				35. Equipment/Utensils approved; installed; clean; good repair, capacity	
12. Returned and reservice of food				36. Equipment, utensils and linens: storage and use	
13. Food in good condition: safe and unadulterated		<input checked="" type="checkbox"/>		37. Vending machines	
14a. Food contact surfaces: clean and sanitized				38. Adequate ventilation and lighting; designated areas, use	
14b. Proper warewashing and sanitizing procedures				39. Thermometers provided and accurate	
Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Hot Water <input type="checkbox"/> Other				40. Wiping cloths: properly used and stored	<input checked="" type="checkbox"/>
Sanitizer Concentration (ppm): _____				Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia	
FOOD FROM APPROVED SOURCES				Sanitizer Concentration (ppm): _____	
15. Food obtained from approved source				PHYSICAL FACILITIES	
16. Compliance with shellstock tags, condition, display				41. Plumbing: proper backflow devices	
17. Compliance with Gulf oyster regulations				42. Garbage and refuse properly disposed; facilities maintained	
CONFORMANCE WITH APPROVED PROCEDURES				43. Toilet facilities: properly constructed, supplied, cleaned	
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan				44a. Premises kept free of debris and unnecessary equipment	
CONSUMER ADVISORY				44b. Appropriate use of equipment	
19. Raw, undercooked, and confectionary containing alcohol foods				44c. Janitorial area, provided maintained, and kept clean	
HIGHLY SUSCEPTIBLE POPULATIONS				44d. Employee personal items stored in approved location	
20. Licensed health care facilities/public & private schools; prohibited foods not offered				44e. Facility is equipped to prevent vermin entrance/harborage	<input checked="" type="checkbox"/>
WATER/HOT WATER				PERMANENT FOOD FACILITIES	
Hot and Cold Water Available				45. Floor walls and ceilings: built, maintained, and clean	<input checked="" type="checkbox"/>
Ware Sink Temp _____ °F Hand Sink Temp _____ °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		<input checked="" type="checkbox"/>		48. Plan Review	
				49. Permits Available <u>through 2-1-17</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 9/30/16
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 Address: 301 Percy Ave City: Yuba City, CA Zip: 95991 Phone: 671-3549

ITEM/LOCATION	TEMP.	ITEM/LOCATION	TEMP.
Ground Beef / MEAT CASE	40°		
Cheese / Sandwich cooler	48°		

OBSERVATIONS AND CORRECTIVE ACTIONS

THIS DEPARTMENT RECEIVED A COMPLAINT WHICH ALLEGED THAT MEAT WAS MAKING PEOPLE SICK. ALSO MEAT IS SOLD FOR A LONG ^{PERIOD} ~~PERIOD~~ PERIOD OF TIME AND ALLOWED TO BE SOLD DENATURED & DISCOLORED. ALSO COMPLAINTANT INDICATED THAT BUTCHER AREA IS UNKEPT & DIRTY. HOUSE HOLD BUG SPRAY IS BEING USED TO COMBAT VERMIN.

13. SOME MEAT AT COUNTER WAS DISCOLORED AND BEING SOLD AT COUNTER. OWNER VC & DSD. MEAT THAT HAS TURNED (DENATURED & DISCOLORED) SHALL NOT BE SOLD TO CUSTOMER

7 SANDWICH CASE @ 48°. MAINTAIN @ 41° OR LOWER. REPAIR OR REPLACE

Owner/Operator: [Signature] Title: _____

REHS: [Signature]



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OBSERVATIONS AND CORRECTIVE ACTIONS

29. Bug spray for household use being used in Butcher area. Discontinue use & only use commercial products, use only when closed & store away from Butcher area.

49. Gaps throughout back room. Fill in gaps to avoid entrance of vermin

40 No sanitizer in white bucket. Provide sanitizer & soap counter

45 Flooring coming apart in Butcher area. Replace w/ approved flooring that goes up wall a minimum of 4" w/ a minimum 3/8" radius Cove
 Also replace ceiling ~~tile~~ ^{tiles} that are water damaged & torn.

Owner/Operator:  Title: _____

REHS: 



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ITEM/LOCATION	TEMP.	ITEM/LOCATION	TEMP.

OBSERVATIONS AND CORRECTIVE ACTIONS

23. Fly Light HAS MANY DEAD FLYS. REMOVE DEAD FLYS & CLEAN on a more frequent basis.

① No Food Manager Certification HAVE SOME CERTIFIED w/in 60 DAYS.

REPAIR FLOORING & CEILING TILES w/in 90 DAYS.

No other violations noted at time of inspection

IF NOT OBTAINED A \$94.00 REINSPECTION FEE WILL BE ACCESSED

Owner/Operator: [Signature] Title: _____

BEHS: [Signature]

DISTRIBUTION: Original, Department, Yellow, Owner/Operator