



RETAIL FOOD FACILITY INSPECTION REPORT

DBA: Nuestro School Permit Holder: Nuestro School District
 Address: 3934 Broadway Rd City: Live Oak, CA Zip: 95953 Phone: (530) 822-9100
 Computer #: 162049

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)

No violations noted at this inspection

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: <u>Alison F Robbenolt</u> Exp. Date: <u>10-18-19</u>			
EMPLOYEE HEALTH & HYGIENIC PRACTICES	COS	MAJ	MIN
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	COS	MAJ	MIN
5. Hands clean and properly washed; gloves used properly			
6. Adequate handwashing facilities supplied & accessible			
TIME AND TEMPERATURE RELATIONSHIPS	COS	MAJ	MIN
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	COS	MAJ	MIN
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 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	COS	MAJ	MIN
15. Food obtained from approved source			
16. Compliance with shellstock tags, condition, display			
17. Compliance with Gulf oyster regulations			
CONFORMANCE WITH APPROVED PROCEDURES	COS	MAJ	MIN
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
CONSUMER ADVISORY	COS	MAJ	MIN
19. Raw, undercooked, and confectionary containing alcohol foods			
HIGHLY SUSCEPTIBLE POPULATIONS	COS	MAJ	MIN
20. Licensed health care facilities/public & private schools; prohibited foods not offered			
WATER/HOT WATER	COS	MAJ	MIN
Ware Sink Temp <u>>120</u> °F Hand Sink Temp <u>>100</u> °F			
LIQUID WASTE DISPOSAL	COS	MAJ	MIN
22. Sewage and wastewater properly disposed			
VERMIN	COS	MAJ	MIN
23. No rodents, insects, birds, or animals			
<i>✓ Milk reach to 34°F</i>			

APPROVED RETAIL PRACTICES	
SUPERVISION	MIN
24. Person in charge present and performs duties	
PERSONAL CLEANLINESS	MIN
25. Personal cleanliness and hair restraints	
GENERAL FOOD SAFETY REQUIREMENTS	MIN
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	MIN
30. Food storage; food storage containers identified	
31. Consumer self-service	
32. Food properly labeled & honestly presented	
EQUIPMENT/UTENSILS/LINENS	MIN
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	
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 checked="" type="checkbox"/> Quaternary Ammonia	
Sanitizer Concentration (ppm):	
PHYSICAL FACILITIES	MIN
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	MIN
45. Floor walls and ceilings: built, maintained, and clean	
46. No unapproved private homes/living or sleeping quarters	
SIGNS/REQUIREMENTS	MIN
47. Signs posted; last inspection report available	
COMPLIANCE & ENFORCEMENT	MIN
48. Plan Review	
49. Permits Available <i>through 4-30-17</i>	
50. Impoundment	
51. Permit Suspension	
52. Other	
NON-PERMANENT FOOD FACILITIES	MIN
53. Mobile Food Facilities	
54. Temporary Food Facilities	

Owner/Operator: Alison Robbenolt Title: _____

REHS: _____

Unch. 11/15 - 11/16