



RETAIL FOOD FACILITY INSPECTION REPORT

DBA: Warren's Market Permit Holder: _____
 Address: 97 Clark City: YC Zip: _____ Phone: _____
 Computer #: _____

- 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				GENERAL FOOD SAFETY REQUIREMENTS				
2. Communicable disease; reporting, restrictions & exclusion				26. Approved thawing methods used, frozen food				
3. No discharge from eyes, nose, or mouth; no open wounds				27. Food separated and protected				
4. Proper eating, tasting, drinking or tobacco use				28. Washing fruits and vegetables				
PREVENTING CONTAMINATION BY HANDS				29. Toxic substances properly identified, stored, used				
5. Hands clean and properly washed; gloves used properly				FOOD STORAGE/DISPLAY/SERVICE				
6. Adequate handwashing facilities supplied & accessible				30. Food storage; food storage containers identified				
TIME AND TEMPERATURE RELATIONSHIPS				31. Consumer self-service				
7. Proper hot and cold holding temperatures				32. Food properly labeled & honestly presented				
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				X
PROTECTION FROM CONTAMINATION				36. Equipment, utensils and linens: storage and use				
12. Returned and reserve 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				40. Wiping cloths: properly used and stored				
Sanitizer Type: <input 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): _____				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 _____ °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				48. Plan Review				
				49. Permits Available				
				50. Impoundment				
				51. Permit Suspension				
				52. Other				
				NON-PERMANENT FOOD FACILITIES				
				53. Mobile Food Facilities				
				54. Temporary Food Facilities				

Owner/Operator: [Signature] Title: _____
 REPS: [Signature] Form Updated 10/2/13



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 1-20-17
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RETAIL FOOD FACILITY INSPECTION REPORT

DBA: Womens Market Permit Holder: _____
 Address: 97 Clark City: YC Zip: _____ Phone: _____

ITEM/LOCATION	TEMP.	ITEM/LOCATION	TEMP.

OBSERVATIONS AND CORRECTIVE ACTIONS

6 - No paper towels in restroom. Provide in sanitary dispenser.
 35 - Condensate backing up in walk-in refrigerator. Repair today to drain properly.

Note: Reported no food prep in facility at this time.

Owner/Operator: [Signature] Title: _____

REHS: [Signature]