



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 3.28.17
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RETAIL FOOD FACILITY INSPECTION REPORT

DBA: King Avenue Elementary Permit Holder: _____
 Address: 630 King 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: <u>Sandra Adams</u> Exp. Date: <u>2018</u> | | | | 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 | | | | 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 | | | | 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 | |
| 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 | |
| WATER/HOT WATER | | | | PERMANENT FOOD FACILITIES | |
| Ware Sink Temp _____ °F Hand Sink Temp _____ °F | | | | 45. Floor walls and ceilings: built, maintained, and clean | |
| LIQUID WASTE DISPOSAL | | | | 46. No unapproved private homes/living or sleeping quarters | |
| 22. Sewage and wastewater properly disposed | | | | SIGNS/REQUIREMENTS | |
| VERMIN | | | | 47. Signs posted; last inspection report available | |
| 23. No rodents, insects, birds, or animals | | | | COMPLIANCE & ENFORCEMENT | |
| | | | | 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: Sandra Adams Title: Manager

REHS: [Signature] Form Updated 10/2/13