



SUTTER COUNTY ENVIRONMENTAL HEALTH DIVISION  
 COMMUNITY SERVICES DEPARTMENT  
 1130 Civic Center Boulevard  
 Yuba City, CA 95993  
 Ph# (530) 822-7400 Fax# (530) 822-7109

Date 7/17/08  
 Page 1 of 2

**RETAIL FOOD FACILITY INSPECTION REPORT**

DBA: Costa Vida Permit Holder: \_\_\_\_\_  
 Address: 1074 Hartner Rd #101B City: Yuba City Zip: 95993 Phone: \_\_\_\_\_  
 Computer #: 1112

- Initial  Ongoing  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			
RISK FACTOR INTERVENTIONS		APPROVED RETAIL PRACTICES	
<b>DEMONSTRATION OF KNOWLEDGE</b>			
1. Demonstration of knowledge; food safety certification			
Food Safety Cert Name:		Exp. Date:	
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>			
2. Communicable disease; reporting, restrictions & exclusions			
3. No discharge from eyes, nose, or mouth; no open wounds			
4. Proper eating, tasting, drinking or tobacco use			
<b>PREVENTING CONTAMINATION BY HANDS</b>			
5. Hands clean and properly washed; gloves used properly			
6. Adequate handwashing facilities supplied & accessible			
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>			
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			
<b>PROTECTION FROM CONTAMINATION</b>			
12. Returned and reserve 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 type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Hot Water <input type="checkbox"/> Other			
Sanitizer Concentration (ppm):			
<b>FOOD FROM APPROVED SOURCES</b>			
15. Food obtained from approved source			
16. Compliance with shellstock tags, condition, display			
17. Compliance with Gulf oyster regulations			
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>			
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
<b>CONSUMER ADVISORY</b>			
19. Raw, undercooked, and confectionary containing alcohol foods			
<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>			
20. Licensed health care facilities/public & private schools; prohibited foods not offered			
<b>WATER/HOT WATER</b>			
21. Hot and cold water available			
Ware Sink Temp _____ °F Hand Sink Temp _____ °F			
<b>LIQUID WASTE DISPOSAL</b>			
22. Sewage and wastewater properly disposed			
<b>VERMIN</b>			
23. No rodents, insects, birds, or animals			
24. Person in charge present and performs duties			
<b>GENERAL EQUIPMENT REQUIREMENTS</b>			
25. Personal cleanliness and hair restraints			
26. Approved thawing methods used, frozen food			
27. Food separated and protected			
28. Washing fruits and vegetables			
29. Toxic substances properly identified, stored, used			
<b>FOODS ON THE DISPLAY SERVICE</b>			
30. Food storage; food storage containers identified			
31. Consumer self-service			
32. Food properly labeled & honestly presented			
<b>EQUIPMENT</b>			
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 type="checkbox"/> Quaternary Ammonia			
Sanitizer Concentration (ppm):			
<b>PLUMBING</b>			
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			
<b>PERMANENT FOOD FACILITIES</b>			
45. Floor walls and ceilings: built, maintained, and clean			
46. No unapproved private homes/living or sleeping quarters			
<b>SIGNS/REQUIREMENTS</b>			
47. Signs posted; last inspection report available			
<b>COMPLIANCE ENFORCEMENT</b>			
48. Plan Review			
49. Permits Available			
50. Impoundment			
51. Permit Suspension			
52. Other			
<b>NON-PERMANENT FOOD FACILITIES</b>			
53. Mobile Food Facilities			
54. Temporary Food Facilities			

Owner/Operator: [Signature] Title: Buyer/Celli REHS: [Signature] Form Updated 04/2008



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Address: 1074 Harter Rd #101B City: Yuba City Zip: 95993 Phone: \_\_\_\_\_


Complaint Inspection

Allegation that 3 people got sick after eating at Costa Vida. Also allegation of ant infestation. I found NO EVIDENCE of any procedure preparation or infestation that would make somebody get ill.

Manager acknowledges an ant problem which they have been working on with pest control. I personally observed no ants.

REHS [Signature]  
 Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_

Owner/Operator [Signature]  
 REHS: \_\_\_\_\_  
 Form Updated 4/2008