



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 5/19/16
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RETAIL FOOD FACILITY INSPECTION REPORT

DBA: CHICAGO'S PIZZA WITH A TWIST Permit Holder: Harpreet
 Address: 887 Colusa Hwy City: Yuba City Zip: 95992 Phone: 770-9090
 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			X	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	
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	X
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				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	X
Ware Sink Temp <u>110</u> °F Hand Sink Temp <u>100</u> °F				SIGNS/REQUIREMENTS	
LIQUID WASTE DISPOSAL				47. Signs posted; last inspection report available	
22. Sewage and wastewater properly disposed				COMPLIANCE & ENFORCEMENT	
VERMIN				48. Plan Review	
23. No rodents, insects, birds, or animals				49. Permits Available	
				50. Impoundment	
				51. Permit Suspension	
				52. Other	
				NON-PERMANENT FOOD FACILITIES	
				53. Mobile Food Facilities	
				54. Temporary Food Facilities	

Owner/Operator: _____

Title: _____

5/19/16

REHS: _____



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ITEM/LOCATION	TEMP.	ITEM/LOCATION	TEMP.

OBSERVATIONS AND CORRECTIVE ACTIONS

- Construction Final

35. Shelving for walk-in cooler & back room not in place. Provide & make bottom shelves 6" off of floor.

45. Metal coving around walk-in cooler & inside cooler. Provide chalking around coving


35. Provide chalking around sinks

35. No shelving for chemical storage Provide NSF APPROVED SHELF.

1. Provide FOOD HANDLER CERTS FOR EMPLOYEES w/in 30 days.

1. Provide "MANAGER" for one person w/in 60 days.

OK. to issue permit to new owners. come into office & fill out permit application & pay fee before operating

Owner/Operator:  Title: 5/19/16 REHS: 