



**RETAIL FOOD FACILITY INSPECTION REPORT**

DBA: E Z Bent Prop Liquor & Del Permit Holder: \_\_\_\_\_  
 Address: 724 Colusa Ave City: Yuba City Zip: 95991 Phone: \_\_\_\_\_  
 Computer #: 3007

- 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 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>Rajiv Norula</u> Exp. Date: <u>2/2011</u>				<b>PERSONAL CLEANLINESS</b>	
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>				25. Personal cleanliness and hair restraints	
2. Communicable disease, reporting, restrictions & exclusions				<b>GENERAL FOOD SAFETY REQUIREMENTS</b>	
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	
<b>PREVENTING CONTAMINATION BY HANDS</b>				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				<b>FOOD STORAGE/DISPLAY/SERVICE</b>	
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>				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				<b>EQUIPMENT/UTENSILS/LINENS</b>	
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	
<b>PROTECTION FROM CONTAMINATION</b>				35. Equipment/Utensils approved; installed; clean; good repair, capacity	
12. Returned and reserve 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):	
<b>FOOD FROM APPROVED SOURCES</b>				<b>PHYSICAL FACILITIES</b>	
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	
<b>CONFORMANCE WITH APPROVED PROCEDURES</b>				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	
<b>CONSUMER ADVISORY</b>				44c. Janitorial area, provided maintained, and kept clean	
19. Raw, undercooked, and confectionary containing alcohol foods				44d. Employee personal items stored in approved location	
<b>HIGHLY SUSCEPTIBLE POPULATIONS</b>				44e. Facility is equipped to prevent vermin entrance/harborage	
20. Licensed health care facilities/public & private schools; prohibited foods not offered				<b>PERMANENT FOOD FACILITIES</b>	
<b>WATER/HOT WATER</b>				45. Floor walls and ceilings: built, maintained, and clean	
21. Hot and cold water available				46. No unapproved private homes/living or sleeping quarters	
Ware Sink Temp _____ °F Hand Sink Temp _____ °F				<b>SIGNS/REQUIREMENTS</b>	
<b>LIQUID WASTE DISPOSAL</b>				47. Signs posted; last inspection report available	
22. Sewage and wastewater properly disposed				<b>COMPLIANCE &amp; ENFORCEMENT</b>	
<b>VERMIN</b>				48. Plan Review	
23. No rodents, insects, birds, or animals				49. Permits Available	
				50. Impoundment	
				51. Permit Suspension	
				52. Other	
				<b>NON-PERMANENT FOOD FACILITIES</b>	
				53. Mobile Food Facilities	
				54. Temporary Food Facilities	

**NO VIOLATIONS**

Owner/Operator: Rajiv Norula Title: Owner REHS: M. N. N. Form Updated 04/2008