



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 11/4/08
 Page 1 of 2

RETAIL FOOD FACILITY INSPECTION REPORT

DBA: El Rio Club Permit Holder: _____
 Address: 1198 Third St. City: Mendocino Zip: 95957 Phone: _____
 Computer #: 1014

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 | | | |
|---|-----|-----|-----|
| DEMONSTRATION OF KNOWLEDGE | COS | MAJ | MIN |
| 1. Demonstration of knowledge, food safety certification | | | X |
| Food Safety Cert Name: _____ Exp. Date: _____ | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | |
| 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 | | | |
| PREVENTING CONTAMINATION BY HANDS | | | |
| 5. Hands clean and properly washed; gloves used properly | | | |
| 6. Adequate handwashing facilities supplied & accessible | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | |
| 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 | | | |
| PROTECTION FROM CONTAMINATION | | | |
| 12. Returned and reservice of food | | | |
| 13. Food in good condition: safe and unadulterated | | | XX |
| 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): _____ | | | |
| FOOD FROM APPROVED SOURCES | | | |
| 15. Food obtained from approved source | | | |
| 16. Compliance with shellstock tags, condition, display | | | |
| 17. Compliance with Gulf oyster regulations | | | |
| CONFORMANCE WITH APPROVED PROCEDURES | | | |
| 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | |
| CONSUMER ADVISORY | | | |
| 19. Raw, undercooked, and confectionary containing alcohol foods | | | |
| HIGHLY SUSCEPTIBLE POPULATIONS | | | |
| 20. Licensed health care facilities/public & private schools; prohibited foods not offered | | | |
| WATER/HOT WATER | | | |
| 21. Hot and cold water available | | | |
| Ware Sink Temp _____ °F Hand Sink Temp _____ °F | | | |
| LIQUID WASTE DISPOSAL | | | |
| 22. Sewage and wastewater properly disposed | | | |
| VERMIN | | | |
| 23. No rodents, insects, birds, or animals | | | |

| APPROVED RETAIL PRACTICES | |
|---|-----|
| SUPERVISION | MIN |
| 24. Person in charge present and performs duties | |
| PERSONAL CLEANLINESS | |
| 25. Personal cleanliness and hair restraints | |
| GENERAL FOOD SAFETY REQUIREMENTS | |
| 26. Approved thawing methods used, frozen food | |
| 27. Food separated and protected | |
| 28. Washing fruits and vegetables | |
| 29. Toxic substances properly identified, stored, used | |
| FOOD STORAGE/DISPLAY/SERVICE | |
| 30. Food storage; food storage containers identified | |
| 31. Consumer self-service | |
| 32. Food properly labeled & honestly presented | |
| EQUIPMENT/UTENSILS/LINENS | |
| 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): _____ | |
| PHYSICAL FACILITIES | |
| 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 | |
| PERMANENT FOOD FACILITIES | |
| 45. Floor walls and ceilings: built, maintained, and clean | |
| 46. No unapproved private homes/living or sleeping quarters | |
| SIGNS/REQUIREMENTS | |
| 47. Signs posted; last inspection report available | |
| 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: Helli Prockokke Title: Manager REHS: [Signature] Form Updated 04/2008



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 11/4/08
 Page 2 of 2

RETAIL FOOD FACILITY INSPECTION REPORT

DBA: El Rio club Permit Holder: _____
 Address: 1198 Third St City: Meridian Zip: 95957 Phone: _____

| ITEM LOCATOR | DATE | DESCRIPTION | STATUS |
|--------------|------|-------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

| OBSERVATIONS AND CORRECTIVE ACTIONS |
|---|
| 13) Few boxes of food stored directly on floor - couple boxes of soda syrup and box of fruit in walkin. All food must be stored 6 inches off floor at all times. |
| 13) Bar ice sink has hoses and cold plate in contact with ice. The new food code does not allow this. Install new type ice bin that does not have this type of system. Fix within 6 months. |
| 1) Unable to find Food Safety Certification. When available fax copy to 822-7109 (Arthur Mark). Fax within 60 days. |
| |
| |
| |
| |
| |
| |

Owner/Operator: Jilli Poirerokallatress REHS: [Signature]