



RETAIL FOOD FACILITY INSPECTION REPORT

DBA: Terra Buena Tavern Permit Holder: _____
 Address: 2365 Butte House City: Yuba City Zip: 95993 Phone: _____
 Computer #: 2066

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: _____ Exp. Date: _____				PERSONAL CLEANLINESS	
EMPLOYEE HEALTH & HYGIENIC PRACTICES				GENERAL FOOD SAFETY REQUIREMENTS	
2. Communicable disease, reporting, restrictions & exclusions				25. Personal cleanliness and hair restraints	
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	X
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	
21. Hot and cold water available				45. Floor walls and ceilings: built, maintained, and clean	
Ware Sink Temp _____ °F Hand Sink Temp _____ °F				46. No unapproved private homes/living or sleeping quarters	
LIQUID WASTE DISPOSAL				SIGNS/REQUIREMENTS	
22. Sewage and wastewater properly disposed				47. Signs posted; last inspection report available	
VERMIN				COMPLIANCE & ENFORCEMENT	
23. No rodents, insects, birds, or animals				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: D. C. H. Title: owner

REHS: MAU



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 10/28/08
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36) Ice plate + hoses in ice. Replace with unit that has hoses + cold unit outside of ice. Fix within 2 months.

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