



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 11/17/08  
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**RETAIL FOOD FACILITY INSPECTION REPORT**

DBA: Live Oak Market Permit Holder: \_\_\_\_\_  
 Address: 10153 Live Oak Bl. City: Live Oak Zip: 95953 Phone: \_\_\_\_\_  
 Computer #: 2032

- 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	MAJ	MIN	COS
1. Demonstration of knowledge; food safety certification			
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 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): _____			
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		MIN
<b>SUPERVISION</b>		
24. Person in charge present and performs duties		
<b>PERSONAL CLEANLINESS</b>		
25. Personal cleanliness and hair restraints		
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>		
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>FOOD STORAGE/DISPLAY/SERVICE</b>		
30. Food storage; food storage containers identified		
31. Consumer self-service		
32. Food properly labeled & honestly presented		
<b>EQUIPMENT/UTENSILS/LINENS</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>PHYSICAL FACILITIES</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 &amp; 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: MAJ REHS: [Signature] Form Updated 04/2008

