



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 7/9/09  
 Page 1 of 2

**RETAIL FOOD FACILITY INSPECTION REPORT**

DBA: Chikara Japanese Restaurant Permit Holder: \_\_\_\_\_  
 Address: 609 Plumas St. City: Yuba City Zip: 95991 Phone: \_\_\_\_\_  
 Computer #: 3012

- 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>Lu Ping Liu</u> Exp. Date: <u>6/20/09</u>   |     |     |     | <b>PERSONAL CLEANLINESS</b>   |     |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>   |     |     |     | <b>GENERAL FOOD SAFETY REQUIREMENTS</b>   |     |
| 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  |     |
| <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  |     |     | X   | <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 reservice of food  |     |     |     | 36. Equipment, utensils and linens: storage and use   |     |
| 13. Food in good condition: safe and unadulterated  |     |     | XX  | 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 |     |
| <b>FOOD FROM APPROVED SOURCES</b>   |     |     |     | Sanitizer Concentration (ppm):  |     |
| 15. Food obtained from approved source  |     |     |     | <b>PHYSICAL FACILITIES</b>  |     |
| 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                               |     |
| <b>CONFORMANCE WITH APPROVED PROCEDURES</b>   |     |     |     | 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                                   |     |
| <b>CONSUMER ADVISORY</b>  |     |     |     | 44b. Appropriate use of equipment   |     |
| 19. Raw, undercooked, and confectionary containing alcohol foods  |     |     |     | 44c. Janitorial area, provided maintained, and kept clean                                     |     |
| <b>HIGHLY SUSCEPTIBLE POPULATIONS</b>   |     |     |     | 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                                |     |
| <b>WATER/HOT WATER</b>  |     |     |     | <b>PERMANENT FOOD FACILITIES</b>  |     |
| 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                                   |     |
| <b>LIQUID WASTE DISPOSAL</b>  |     |     |     | <b>SIGNS/REQUIREMENTS</b>   |     |
| 22. Sewage and wastewater properly disposed   |     |     |     | 47. Signs posted; last inspection report available  |     |
| <b>VERMIN</b>   |     |     |     | <b>COMPLIANCE &amp; ENFORCEMENT</b>   |     |
| 23. No rodents, insects, birds, or animals  |     |     |     | 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: [Signature] REHS: [Signature]



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| ITEM/LOCATION | TEMP | ITEM/LOCATION | TEMP |
|---------------|------|---------------|------|
|               |      |               |      |
|               |      |               |      |
|               |      |               |      |
|               |      |               |      |

**OBSERVATIONS AND CORRECTIVE ACTIONS**

- 13) Partial bags of bulk food items stored in open bags. After opening bulk food items store remainder in labelled, food grade containers.
- 13) Fluorescent lights in food prep area have no protective covers. Install protective covers.
- 6) No soap available in women's restroom. All handwashing sinks must have soap, towels and hot water available.

Owner/Operator: off on Title: owner REHS: [Signature]  
 Form Updated 4/2008