



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 7/27/09
 Page 1 of 4

RETAIL FOOD FACILITY INSPECTION REPORT

DBA: PANADERIA FLORES Permit Holder: Miguel Flores
 Address: 1380 Franklin Rd. City: Yuba City, CA Zip: 95993 Phone: _____
 Computer #: 1683

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			
Food Safety Cert Name: <u>Miguel Flores</u> Exp. Date: <u>7/2012</u>			
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		X	
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			
14a. Food contact surfaces: clean and sanitized		X	
14b. Proper warewashing and sanitizing procedures			X
Sanitizer Type: <input checked="" 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 <u>110</u> °F Hand Sink Temp <u>100</u> °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	X
28. Washing fruits and vegetables	
29. Toxic substances properly identified, stored, used	X
FOOD STORAGE/DISPLAY/SERVICE	
30. Food storage: food storage containers identified	X
31. Consumer self-service	
32. Food properly labeled & honestly presented	X
EQUIPMENT/UTENSILS/LINENS	
33. Nonfood contact surfaces clean	
34. Warewashing facilities: installed, maintained, used; test strips	X
35. Equipment/Utensils approved; installed; clean; good repair; capacity	
36. Equipment, utensils and linens: storage and use	X
37. Vending machines	
38. Adequate ventilation and lighting; designated areas, use	X
39. Thermometers provided and accurate	
40. Wiping cloths: properly used and stored	X
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	X
43. Toilet facilities: properly constructed, supplied, cleaned	
44a. Premises kept free of debris and unnecessary equipment	X
44b. Appropriate use of equipment	
44c. Janitorial area, provided maintained, and kept clean	X
44d. Employee personal items stored in approved location	X
44e. Facility is equipped to prevent vermin entrance/harborage	X
PERMANENT FOOD FACILITIES	
45. Floor walls and ceilings: built, maintained, and clean	X
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: [Signature] Title: _____ REHS: [Signature]
 Form updated 04/2008



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DBA: PANADERIA FLORES Permit Holder: Miguel Flores
 Address: 1390 Franklin Rd. City: Yuba City, CA Zip: 95993 Phone: _____

ITEM/LOCATION	TEMP	ITEM/LOCATION	TEMP
SOFT CHEESE / REACH-IN	47°F		
RAW MEAT / DELI CASE	39°		

OBSERVATIONS AND CORRECTIVE ACTIONS

- 35. CORDS RUNNING ACROSS AISLES. PROVIDE PROPER BARRIER
- 35. 30. CHEESE IN REACH-IN @ 47°F ~~PLEASE~~ PLEASE KEEP AT 41°F OR LOWER. REPAIR DOOR INSULATION IMMEDIATELY
- 27. 30 BULK FOOD CONTAINERS STORED ON FLOOR. PLEASE KEEP OFF OF FLOOR A MINIMUM OF 6". ALSO NOT LABELED. PLEASE LABEL.
- 30. TOMATILLOS BINS STORED ON FLOOR IN SALES AREA PLEASE KEEP OFF OF FLOOR. A MINIMUM OF 6".
- 30. MEXICAN STYLE PASTRY & SALSA NOT PROPERLY LABELED PLEASE LABEL w/ NAME & LOCATION w/ INGREDIENTS.
- 45. SOME CEILING ~~TILE~~^{TC} TILE IN KITCHEN NOT APPROVED TYPE. PLEASE PROVIDE APPROVED TYPE.

Owner/Operator: _____ Title: _____

REHS: _____



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DBA: PANADERIA FLORES Permit Holder: Miguel Flores

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ITEM/LOCATION	TEMP	ITEM/LOCATION	TEMP

OBSERVATIONS AND CORRECTIVE ACTIONS

44E. 45. Small hole in kitchen next to outlet on east wall. REPAIR.

38. 45. BACK room kitchen stained yellow due to lack of cleaning & proper venting. REPAINT walls & ceilings & always use ventilation when baking.

36. 42. Equipment through facility not clean.

14A PLEASE CLEAN all equipment w/ Flour, dough, cheese & blood

14A. Counter tops Dirty. PLEASE CLEAN.

14B. 29 3-Comp sink Full & not used properly. USE

34. WASH, RINSE, SANITIZE method of cleaning utensils.

Owner/Operator: _____

Title: _____

REHS: _____
 Form Updated 4/2008



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DBA: DANADERIA FLORES. Permit Holder: Miguel Flores.

Address: 1380 Franklin Rd City: Yuba City, CA Zip: 95993 Phone: _____

ITEM/LOCATION	TEMP	ITEM/LOCATION	TEMP

OBSERVATIONS AND CORRECTIVE ACTIONS

29. ~~33~~. Chemicals stored throughout Facility. Chemicals shall be stored in chemical storage area & properly labeled AND NOT STORED w/ spices or ~~other~~ other food stuff

6. No paper towels or soap at hand sink in kitchen & employee restroom. Keep stocked at all times.

36. Exposed wood used as shelves. Only use NSF approved shelving.

36.27. Walk in shelves stained w/ blood. Use trays to throw out meats to avoid spills of blood & staining of shelves.

Correct All w/ in 2 weeks. Reinspection AFTER 2 weeks

Owner/Operator: [Signature] Title: _____

REHS: [Signature]