

**BUTTE COUNTY PUBLIC HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
FOOD PROGRAM OFFICIAL INSPECTION REPORT**

| | |
|---|-------------------------------------|
| DBA/NAME Japanese Blossoms | DATE 5-1-09 |
| ADDRESS 2995 Esplanade #105, Chico | RECHECK DATE |
| OWNER/OPERATOR Yuka Caspary | SITE # 2038 |
| MAILING ADDRESS | CORRECT MAJOR VIOLATIONS BY: |
| INVENTORY TYPE 16F-23 | SERVICE 03 |
| | CORRECT MINOR VIOLATIONS BY: |

See reverse side for the California Retail Food code sections and general requirements that correspond to each violation listed below

| In = In Compliance N/O = Not Observed N/A = Not Applicable OUT = Out of Compliance COS = Corrected On-Site MAJ = Major Violation | | | | | | | | | | | | | | |
|---|-----|-----|--|-----|-----|-----|---|-----|-----|---|-----|-----|-----|-----|
| IN | N/O | N/A | DEMONSTRATION OF KNOWLEDGE | COS | MAJ | OUT | IN | N/O | N/A | PROTECTION FROM CONTAMINATION | COS | MAJ | OUT | |
| | | | 1. Demonstration of knowledge; food safety certification. FSC Exp. Date: 2012 | | | | | | | 12. Proper procedures followed for returned and reservice of food | | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | | | | X | | | 13. Food in good condition, safe and unadulterated | | | | |
| | | | 2. Communicable disease; reporting, restrictions & exclusions | | | | X | | | 14. Food contact surfaces: clean and sanitized | | | | |
| | | | 3. No discharge from eyes, nose, and mouth | | | | APPROVED SOURCE & SPECIAL PROCEDURES | | | | | | | |
| | | | 4. Proper eating, tasting, drinking or tobacco use | | | | | | | 15. Food obtained from approved source | | | | |
| X | | | 5. Hands clean and properly washed; gloves used properly | | | | | | | 16. Shell stock with completed tags, in good condition, properly stored/displayed | | | | |
| X | | | 6. Adequate handwashing facilities supplied & accessible | | | | | | | 17. Compliance with Gulf Oyster Regulations | | | | |
| TIME & TEMPERATURE RELATIONSHIPS | | | | | | | | | | 18. Compliance with variance, specialized process, & HACCP Plan | | | | |
| | | | 7. Proper hot and cold holding temperatures | | | | | | | 19. Consumer advisory provided for raw or undercooked foods | | | | |
| | | | 8. Time as a public health control: Proper procedures & records | | | | | | | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered | | | | |
| | | | 9. Proper cooling methods | | | | WATER & WASTE WATER | | | | | | | |
| | | | 10. Proper cooking time & temperatures | | | | | | | 21. Hot and cold water available | | | | |
| | | | 11. Proper reheating procedures for hot holding | | | | | | | 22. Sewage and wastewater properly disposed | | | | |
| | | | | | | | | | | VERMIN | | | | |
| | | | | | | | | | | 23. No rodents, insects, birds, or animals | | | | |
| | | | | | | | OUT | | | | | | | OUT |
| SUPERVISION /PERSONAL CLEANLINESS | | | | | | | | | | | | | | |
| | | | 24. Person in charge present and performs duties | | | | 38. Adequate ventilation and lighting; designated areas, use | | | | | | | |
| | | | 25. Personal cleanliness and hair restraints | | | | 39. Thermometers provided and accurate | | | | | | | |
| GENERAL FOOD SAFETY REQUIREMENTS | | | | | | | 40. Wiping cloths: properly used and stored | | | | | | | |
| | | | 26. Approved thawing methods used, frozen food maintained frozen. | | | | PHYSICAL FACILITIES | | | | | | | |
| | | | 27. Food separated and protected | | | | 41. Plumbing: Plumbing in good repair, proper backflow devices | | | | | | | |
| | | | 28. Fruits and vegetables washed as required. | | | | 42. Garbage and refuse properly disposed; facilities maintained | | | | | | | |
| | | | 29. Toxic substances properly identified, stored, used | | | | 43. Toilet facilities: properly constructed, supplied, cleaned | | | | | | | |
| FOOD STORAGE/ DISPLAY/ SERVICE | | | | | | | 44. Premises; personal/cleaning items; vermin-proofing | | | | | | | |
| | | | 30. Food properly stored; food storage containers identified | | | | PERMANENT FOOD FACILITIES | | | | | | | |
| | | | 31. Consumer self-service facilities properly constructed and maintained | | | | 45. Floor, walls and ceilings: properly built, maintained in good repair, and clean | | | | | | | |
| | | | 32. Food properly labeled & honestly presented | | | | 46. No unapproved private homes/ living or sleeping quarters | | | | | | | |
| EQUIPMENT/ UTENSILS/ LINENS | | | | | | | SIGNS, MISC. REQUIREMENTS & ENFORCEMENT | | | | | | | |
| | | | 33. Nonfood contact surfaces clean and in good repair. | | | | 47. Signs posted; last inspection report available | | | | | | | |
| | | | 34. Warewashing facilities: Adequate, maintained, properly used, test strips available | | | | 48. Plan review required for new or remodel construction | | | | | | | |
| | | | 35. Equipment/ Utensils Approved; installed properly, clean; good repair, capacity | | | X | 49. Permits Available | | | | | | | |
| | | | 36. Equipment, utensils and linens: Properly stored and used | | | | 50. Impoundment of unsanitary equipment or food | | | | | | | |
| | | | 37. Vending machines | | | | 51. Permit Suspension | | | | | | | |
| | | | | | | | 52. Other | | | | | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS:

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Reinspection fees will be charged for all subsequent reinspections unless an acceptable corrective time schedule has been submitted and approved by this Department. If, for any reasons beyond your control, you cannot correct the indicted violations by the next scheduled time, call this office prior to the inspection day.

202 Mira Loma Drive
Oroville, CA 95965
(530) 538-7281 or (530) 891-2727
FAX (530) 538-5339
www.buttecounty.net/publichealth/

R.E.H.S.

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| DBA/NAME Japanese Blossoms | DATE 5-1-09 |
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OBSERVATIONS AND CORRECTIVE ACTIONS

- 35-** Observed domestic toaster oven on back counter at sushi bar.
>Observed ice, for beverages, stored in large pot at wait station.
- 44-** Organize/remove accumulated misc. items stored in on floor in corner areas at wait station (i.e. around rack storing clean linens) and in kitchen to facilitate cleaning. Organize/remove accumulated misc. and personal-type items stored around kitchen handsink and on adjacent prep table.
>Observed door to facility open upon arrival, and during, inspection.
- 44, 45-** Install mop sink (see Note 2 below). Area around mop sink (at least 3-feet out) shall be properly finished off with durable, non-absorbent and easily cleanable walls (i.e. FRP) and self-coved floors.
- 45-** Observed unfinished wallboard secured to wall (to close 'window' to adjoining business) above wall-mounted shelving in kitchen.