

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

|                                     |                              |                              |
|-------------------------------------|------------------------------|------------------------------|
| DBA/NAME <i>Craig Hall</i>          | DATE <i>3-21-07</i>          |                              |
| ADDRESS <i>1000 W 3rd Ave Chico</i> | RECHECK DATE                 |                              |
| OWNER/OPERATOR                      | SITE # <i>2063</i>           |                              |
| MAILING ADDRESS                     | CORRECT MAJOR VIOLATIONS BY: |                              |
| INVENTORY TYPE <i>ICE - 25</i>      | SERVICE <i>03</i>            | CORRECT MINOR VIOLATIONS BY: |
| TIME                                | PERMIT LICENSE               |                              |

**APPLICABLE LAW:** California Uniform Retail Food Facilities Law 1

The number and/or items cited below represent health and safety violations which must be corrected. The numbers referenced correspond to violations of the California Uniform Retail Food Facilities Law listed on the reverse side. For complete text of the laws, refer to Division 104, Part 7, Chapter 4 of the California Health and Safety Code.

| #  | Violations           | Major | Minor |
|----|----------------------|-------|-------|
| 1  | Hot/Cold Holding     |       |       |
| 2  | Cooking/Reheating    |       |       |
| 3  | Cooling              |       |       |
| 4  | HACCP Plan           |       |       |
| 5  | Pure Food            |       |       |
| 6  | Frozen Food          |       |       |
| 7  | Refrigerator Storage |       |       |
| 8  | Food Storage         |       |       |
| 9  | Food Display         |       |       |
| 10 | Food Labeling        |       |       |
| 11 | Thermometer          |       |       |
| 12 | Handwashing          |       |       |
| 13 | Gloves/Hand Contact  |       |       |
| 14 | Employee Habits      |       |       |
| 15 | Wash/Sanitize        |       |       |
| 16 | Urinal Sink          |       |       |
| 17 | Dishwasher           |       | X     |
| 18 | Equipment            |       |       |
| 19 | Utensils             |       |       |
| 20 | Utensil Storage      |       |       |
| 21 | Vermin               |       |       |
| 22 | Chemical Hazards     |       |       |
| 23 | Spoils Storage       |       |       |
| 24 | Wiping Rags          |       |       |
| 25 | Water                |       |       |
| 26 | Plumbing             |       |       |
| 27 | Hand Sink            |       |       |
| 28 | Restrooms            |       |       |
| 29 | Shelving/Cabinets    |       |       |
| 30 | Enclosure            |       |       |
| 31 | Walls/Floors/Ceiling |       |       |
| 32 | Ventilation          |       |       |
| 33 | Janitorial Sink      |       |       |
| 34 | Lighting             |       |       |
| 35 | Refuse/Garbage       |       |       |
| 36 | Permit               |       |       |
| 37 | Plan Check           |       |       |
| 38 | Food Safety Cert     |       |       |
| 39 | Signs                |       |       |
| 40 | Other                |       |       |

17. Dishwasher water temperature at tanks:  
morning water 158°F (148°F required),  
power scraper 135°F (110°-140°F required), power  
wash 158°F (150°-160°F required), power rinse  
164°F (160°-190°F required), final rinse 160°F  
(180°-190°F required), plate temperature 165°F.  
Continue to adjust repair so as to meet  
manufacturer's NSF requirements. OK to use  
dishwasher while repairs continue.

See inspection report of 2-27-07 for other  
items to be corrected

*[Signature]*

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 reasons beyond your control, you cannot correct the indicated violations by the next scheduled time, call this office prior to the inspection day.

|   |  |
|---|--|
| OFFICE ADDRESS AND TELEPHONE NUMBER<br><br>411 Main St<br>P. O. Box 5354<br>Chico, CA 95927<br>(530) 891-2727<br>FAX (530) 895-6512 | 7 County Center Dr<br>Oroville, CA 95955<br>(530) 538-7281<br>FAX (530) 538-7785 |
| RECEIVED BY: <i>L. H. [Signature]</i>   | R.E.H.S.   |

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