

Food Program Official Inspection Report

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|---|-------------------|--|
| DBA/NAME Oakmont Retirement Residence | | DATE 7/20/07 |
| ADDRESS 2801 Cohasset Road, Chico CA 95973 | | RECHECK DATE |
| OWNER/OPERATOR | | SITE # 2235 |
| MAILING ADDRESS | | CORRECT MAJOR VIOLATIONS BY: 24 hours |
| INVENTORY TYPE 16F-24 | SERVICE 03 | CORRECT MINOR VIOLATIONS BY: |

See reverse side for the 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 | | | | | | | 12. Proper procedures followed for returned and reservice of food | | | |
| Food Safety Cert Name: | | | | | | | | | | 13. Food in good condition, safe and unadulterated | | | |
| Exp. Date | | | | | | | | | | 14. Food contact surfaces: clean and sanitized | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | | | | Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary <input type="checkbox"/> Iodine <input type="checkbox"/> Hot Water <input type="checkbox"/> Other Sanitizer Concentration (ppm): | | | | | | |
| | | | 2. Communicable disease; reporting, restrictions & exclusions | | | | FOOD FROM APPROVED SOURCES | | | | | | |
| | | | 3. No discharge from eyes, nose, and mouth | | | | | | | 15. Food obtained from approved source | | | |
| | | | 4. Proper eating, tasting, drinking or tobacco use | | | | | | | 16. Shell stock with completed tags, in good condition, properly stored/displayed | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | | | | | | | 17. Compliance with Gulf Oyster Regulations | | | |
| | | | 5. Hands clean and properly washed; gloves used properly | | | | CONFORMANCE WITH APPROVED PROCEDURES | | | | | | |
| | | | 6. Adequate handwashing facilities supplied & accessible | | | | | | | 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | | | | CONSUMER ADVISORY | | | | | | |
| | | | 7. Proper hot and cold holding temperatures _____ Cold Temp _____ Hot Temp | | | | | | | 19. Consumer advisory provided for raw or undercooked foods | | | |
| | | | 8. Time as a public health control: Proper procedures & records | | | | HIGHLY SUSCEPTIBLE POPULATIONS | | | | | | |
| | | | 9. Proper cooling methods | √ | √ | √ | | | | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered | | | |
| | | | 10. Proper cooking time & temperatures | | | | WATER/HOT WATER | | | | | | |
| | | | 11. Proper reheating procedures for hot holding | | | | | | | 21. Hot and cold water available Temp _____ | | | |
| | | | | | | | LIQUID WASTE DISPOSAL | | | | | | |
| | | | | | | | VERMIN | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | PERMANENT FOOD FACILITIES | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | OUT | | | | | | | OUT |
| SUPERVISION | | | | | | | PHYSICAL FACILITIES | | | | | | |
| | | | 24. Person in charge present and performs duties | | | | | | | 39. Thermometers provided and accurate | | | |
| PERSONAL CLEANLINESS | | | | | | | PERMANENT FOOD FACILITIES | | | | | | |
| | | | 25. Personal cleanliness and hair restraints | | | | | | | 40. Wiping cloths: properly used and stored | | | |
| GENERAL FOOD SAFETY REQUIREMENTS | | | | | | | PERMANENT FOOD FACILITIES | | | | | | |
| | | | 26. Approved thawing methods used, frozen food maintained frozen. | | | | | | | 41. Plumbing: Plumbing in good repair, proper backflow devices | | | |
| | | | 27. Food separated and protected | | | | | | | 42. Garbage and refuse properly disposed; facilities maintained | | | |
| | | | 28. Fruits and vegetables washed as required. | | | | | | | 43. Toilet facilities: properly constructed, supplied, cleaned | | | |
| | | | 29. Toxic substances properly identified, stored, used | | | | | | | 44. Premises; personal/cleaning items; vermin-proofing | | | |
| FOOD STORAGE/ DISPLAY/ SERVICE | | | | | | | PERMANENT FOOD FACILITIES | | | | | | |
| | | | 30. Food properly stored; food storage containers identified | | | | | | | 45. Floor, walls and ceilings: properly built, maintained in good repair, and clean | | | |
| | | | 31. Consumer self-service facilities properly constructed and maintained | | | | | | | 46. No unapproved private homes/ living or sleeping quarters | | | |
| | | | 32. Food properly labeled & honestly presented | | | | SIGNS, MISC. REQUIREMENTS & ENFORCEMENT | | | | | | |
| 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 | | | | | | | 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 | | | |
| | | | 38. Adequate ventilation and lighting; designated areas, use | | | | | | | 52. Other | | | |
| | | | | | | | NON-PERMANENT FOOD FACILITIES | | | | | | |
| | | | | | | | | | | 53. Mobile food facilities | | | |
| | | | | | | | | | | 54. Temporary food facilities | | | |

Received by: _____

Specialist: _____