

## Food Program Official Inspection Report

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

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                           |     |     |            |
| <b>Food Safety Cert Name:</b>  |     |     |  |     |     |            |   |     |     | 13. Food in good condition, safe and unadulterated  |     |     |            |
| <b>Exp. Date</b>   |     |     |  |     |     |            |   |     |     | 14. Food contact surfaces: clean and sanitized  |     |     |            |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>  |     |     |  |     |     |            | <b>Sanitizer Type:</b> <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary <input type="checkbox"/> Iodine <input type="checkbox"/> Hot Water <input type="checkbox"/> Other<br><b>Sanitizer Concentration (ppm):</b> |     |     |   |     |     |            |
|  |     |     | 2. Communicable disease; reporting, restrictions & exclusions                    |     |     |            | <b>FOOD FROM APPROVED SOURCES</b>   |     |     |   |     |     |            |
|  |     |     | 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           |     |     |            |
| <b>PREVENTING CONTAMINATION BY HANDS</b>   |     |     |  |     |     |            |   |     |     | 17. Compliance with Gulf Oyster Regulations   |     |     |            |
|  |     |     | 5. Hands clean and properly washed; gloves used properly                         |     |     |            | <b>CONFORMANCE WITH APPROVED PROCEDURES</b>   |     |     |   |     |     |            |
|  |     |     | 6. Adequate handwashing facilities supplied & accessible                         |     |     |            |   |     |     | 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan   |     |     |            |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>  |     |     |  |     |     |            | <b>CONSUMER ADVISORY</b>  |     |     |   |     |     |            |
|  |     |     | 7. Proper hot and cold holding temperatures<br>_____ Cold Temp    _____ Hot Temp |     |     |            |   |     |     | 19. Consumer advisory provided for raw or undercooked foods                                 |     |     |            |
|  |     |     | 8. Time as a public health control: Proper procedures & records                  |     |     |            | <b>HIGHLY SUSCEPTIBLE POPULATIONS</b>   |     |     |   |     |     |            |
|  |     |     | 9. Proper cooling methods  | √   | √   | √          |   |     |     | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered |     |     |            |
|  |     |     | 10. Proper cooking time & temperatures   |     |     |            | <b>WATER/HOT WATER</b>  |     |     |   |     |     |            |
|  |     |     | 11. Proper reheating procedures for hot holding                                  |     |     |            |   |     |     | 21. Hot and cold water available   Temp _____   |     |     |            |
| <b>Major Violation Check Only</b><br>Re-inspection fees apply to this and all subsequent re-inspections. |     |     |  |     |     |            | <b>LIQUID WASTE DISPOSAL</b>  |     |     |   |     |     |            |
|  |     |     |  |     |     |            |   |     |     | 22. Sewage and wastewater properly disposed   |     |     |            |
|  |     |     |  |     |     |            | <b>VERMIN</b>   |     |     |   |     |     |            |
|  |     |     |  |     |     |            |   |     |     | 23. No rodents, insects, birds, or animals  |     |     |            |
|  |     |     |  |     |     | <b>OUT</b> |   |     |     |   |     |     | <b>OUT</b> |
| <b>SUPERVISION</b>   |     |     |  |     |     |            | 39. Thermometers provided and accurate  |     |     |   |     |     |            |
| 24. Person in charge present and performs duties   |     |     |  |     |     |            | 40. Wiping cloths: properly used and stored   |     |     |   |     |     |            |
| <b>PERSONAL CLEANLINESS</b>  |     |     |  |     |     |            | <b>PHYSICAL FACILITIES</b>  |     |     |   |     |     |            |
| 25. Personal cleanliness and hair restraints   |     |     |  |     |     |            | 41. Plumbing: Plumbing in good repair, proper backflow devices  |     |     |   |     |     |            |
| <b>GENERAL FOOD SAFETY REQUIREMENTS</b>  |     |     |  |     |     |            | 42. Garbage and refuse properly disposed; facilities maintained   |     |     |   |     |     |            |
| 26. Approved thawing methods used, frozen food maintained frozen.  |     |     |  |     |     |            | 43. Toilet facilities: properly constructed, supplied, cleaned  |     |     |   |     |     |            |
| 27. Food separated and protected   |     |     |  |     |     |            | 44. Premises; personal/cleaning items; vermin-proofing  |     |     |   |     |     |            |
| 28. Fruits and vegetables washed as required.  |     |     |  |     |     |            | <b>PERMANENT FOOD FACILITIES</b>  |     |     |   |     |     |            |
| 29. Toxic substances properly identified, stored, used   |     |     |  |     |     |            | 45. Floor, walls and ceilings: properly built, maintained in good repair, and clean   |     |     |   |     |     |            |
| <b>FOOD STORAGE/ DISPLAY/ SERVICE</b>  |     |     |  |     |     |            | 46. No unapproved private homes/ living or sleeping quarters  |     |     |   |     |     |            |
| 30. Food properly stored; food storage containers identified   |     |     |  |     |     |            | <b>SIGNS, MISC. REQUIREMENTS &amp; ENFORCEMENT</b>  |     |     |   |     |     |            |
| 31. Consumer self-service facilities properly constructed and maintained                                 |     |     |  |     |     |            | 47. Signs posted; last inspection report available  |     |     |   |     |     |            |
| 32. Food properly labeled & honestly presented   |     |     |  |     |     |            | 48. Plan review required for new or remodel construction  |     |     |   |     |     |            |
| <b>EQUIPMENT/ UTENSILS/ LINENS</b>   |     |     |  |     |     |            | 49. Permits Available   |     |     |   |     |     |            |
| 33. Nonfood contact surfaces clean and in good repair.   |     |     |  |     |     |            | 50. Impoundment of unsanitary equipment or food   |     |     |   |     |     |            |
| 34. Warewashing facilities: Adequate, maintained, properly used, test strips available                   |     |     |  |     |     |            | 51. Permit Suspension   |     |     |   |     |     |            |
| 35. Equipment/ Utensils Approved; installed properly, clean; good repair, capacity                       |     |     |  |     |     |            | 52. Other   |     |     |   |     |     |            |
| 36. Equipment, utensils and linens: Properly stored and used   |     |     |  |     |     |            | <b>NON-PERMANENT FOOD FACILITIES</b>  |     |     |   |     |     |            |
| 37. Vending machines   |     |     |  |     |     |            | 53. Mobile food facilities  |     |     |   |     |     |            |
| 38. Adequate ventilation and lighting; designated areas, use   |     |     |  |     |     |            | 54. Temporary food facilities   |     |     |   |     |     |            |
| Received by:   |     |     |  |     |     |            | Specialist:   |     |     |   |     |     |            |