

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

| | | |
|---|-------------------|--|
| DBA/NAME Sin of Cortez | | DATE 9-27-07 |
| ADDRESS 2290 Esplanade, Chico | | RECHECK DATE 1 day |
| OWNER/OPERATOR Sin of Cortez LLC/Danielle M. Ius | | SITE # 2256 |
| MAILING ADDRESS | | CORRECT MAJOR VIOLATIONS BY: 24 hours |
| INVENTORY TYPE 16F-24 | SERVICE 01 | CORRECT MINOR VIOLATIONS BY: 30 days |

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 | |
|--|-----|-----|---|-----|-----|-----|----|-----|-----|---|---|-----|-----|---|
| X | | | 1. Demonstration of knowledge; food safety certification | | | | X | | | 12. Proper procedures followed for returned and reserve of food | | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | | | | | | | 13. Food in good condition, safe and unadulterated | | | X | |
| X | | | 2. Communicable disease; reporting, restrictions & exclusions | | | | | | | 14. Food contact surfaces: clean and sanitized | | X | X | |
| X | | | 3. No discharge from eyes, nose, and mouth | | | | | | | Sanitizer Type: X Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Hot Water <input type="checkbox"/> Other Sanitizer Concentration (ppm): 50ppm @ dishwasher | | | | |
| | | | 4. Proper eating, tasting, drinking or tobacco use | | | X | | | | FOOD FROM APPROVED SOURCES | | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | | | | X | | | 15. Food obtained from approved source | | | | |
| | | | 5. Hands clean and properly washed; gloves used properly | | X | X | | | X | 16. Shell stock with completed tags, in good condition, properly stored/displayed | | | | |
| | | | 6. Adequate handwashing facilities supplied & accessible | | | X | | | | X | | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | | | | | | X | 17. Compliance with Gulf Oyster Regulations | | | | |
| | | | 7. Proper hot and cold holding temperatures | X | X | X | | | | CONFORMANCE WITH APPROVED PROCEDURES | | | | |
| | | X | 8. Time as a public health control: Proper procedures & records | | | | | | X | 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | | |
| | | | 9. Proper cooling methods | X | X | X | | | | CONSUMER ADVISORY | | | | |
| X | | | 10. Proper cooking time & temperatures | | | | | | X | 19. Consumer advisory provided for raw or undercooked foods | | | | |
| | X | | 11. Proper reheating procedures for hot holding | | | | | | | HIGHLY SUSCEPTIBLE POPULATIONS | | | | |
| | | | | | | | | | X | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered | | | | |
| SUPERVISION | | | | | | | | | | WATER/HOT WATER | | | | |
| OUT | | | | | | | X | | | 21. Hot and cold water available | | | | |
| SUPERVISION | | | | | | | | | | LIQUID WASTE DISPOSAL | | | | |
| 24. Person in charge present and performs duties | | | | | | | | | | X | 22. Sewage and wastewater properly disposed | | | |
| PERSONAL CLEANLINESS | | | | | | | | | | | VERMIN | | | |
| 25. Personal cleanliness and hair restraints | | | | | | | | | | | 23. No rodents, insects, birds, or animals | | | X |
| GENERAL FOOD SAFETY REQUIREMENTS | | | | | | | | | | | OUT | | | |
| 26. Approved thawing methods used, frozen food maintained frozen. | | | | | | | X | | | 39. Thermometers provided and accurate | | | | |
| 27. Food separated and protected | | | | | | | X | | | 40. Wiping cloths: properly used and stored | | | | |
| 28. Fruits and vegetables washed as required. | | | | | | | | | | PHYSICAL FACILITIES | | | | |
| 29. Toxic substances properly identified, stored, used | | | | | | | X | | | 41. Plumbing: Plumbing in good repair, proper backflow devices | | | | |
| FOOD STORAGE/ DISPLAY/ SERVICE | | | | | | | | | | 42. Garbage and refuse properly disposed; facilities maintained | | | | |
| 30. Food properly stored; food storage containers identified | | | | | | | X | | | 43. Toilet facilities: properly constructed, supplied, cleaned | | | | |
| 31. Consumer self-service facilities properly constructed and maintained | | | | | | | | | | 44. Premises; personal/cleaning items; vermin-proofing | | | | |
| 32. Food properly labeled & honestly presented | | | | | | | | | | PERMANENT FOOD FACILITIES | | | | |
| EQUIPMENT/ UTENSILS/ LINENS | | | | | | | | | | 45. Floor, walls and ceilings: properly built, maintained in good repair, and clean | | | | |
| 33. Nonfood contact surfaces clean and in good repair. | | | | | | | X | | | 46. No unapproved private homes/ living or sleeping quarters | | | | |
| 34. Warewashing facilities: Adequate, maintained, properly used, test strips available | | | | | | | X | | | SIGNS, MISC. REQUIREMENTS & ENFORCEMENT | | | | |
| 35. Equipment/ Utensils Approved; installed properly, clean; good repair, capacity | | | | | | | X | | | 47. Signs posted; last inspection report available | | | | |
| 36. Equipment, utensils and linens: Properly stored and used | | | | | | | X | | | 48. Plan review required for new or remodel construction | | | | |
| 37. Vending machines | | | | | | | | | | 49. Permits Available | | | | |
| 38. Adequate ventilation and lighting; designated areas, use | | | | | | | X | | | 50. Impoundment of unsanitary equipment or food | | | | |
| OUT | | | | | | | | | | 51. Permit Suspension | | | | |
| REINSPECTION FEES | | | | | | | | | | 52. Other | | | | |
| Reinspection fees will be charged for all subsequent reinspection 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. <input type="checkbox"/> | | | | | | | | | | NON-PERMANENT FOOD FACILITIES | | | | |
| 202 Mira Loma Drive Oroville, CA 95965 (530) 538-7281 or (530) 891-2727 www.buttecounty.net/publichealth/ | | | | | | | | | | 53. Mobile food facilities | | | | |
| R.E.H.S. RECEIVED BY: | | | | | | | | | | 54. Temporary food facilities | | | | |
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