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

DBA/NAME Smokin' Mo's	**DATE 8-2-07**
ADDRESS 131 Broadway, Chico	**RECHECK DATE 30+ days**
OWNER/OPERATOR	**SITE # 2284**
MAILING ADDRESS	**CORRECT MAJOR VIOLATIONS BY: 2 days**
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
x			1. Demonstration of knowledge; food safety certification			
			EMPLOYEE HEALTH & HYGIENIC PRACTICES			
x			**2.** Communicable disease; reporting, restrictions & exclusions			
x			**3.** No discharge from eyes, nose, and mouth			
			4. Proper eating, tasting, drinking or tobacco use			x
			PREVENTING CONTAMINATION BY HANDS			
x			**5.** Hands clean and properly washed; gloves used properly			
x			**6.** Adequate handwashing facilities supplied & accessible			
			TIME AND TEMPERATURE RELATIONSHIPS			
			7. Proper hot and cold holding temperatures			x
		x	**8.** Time as a public health control: Proper procedures & records			
			9. Proper cooling methods		x	x
			10. Proper cooking time & temperatures			x
x			**11.** Proper reheating procedures for hot holding			

IN	N/O	N/A	PROTECTION FROM CONTAMINATION	COS	MAJ	OUT
x			**12.** Proper procedures followed for returned and reservice of food			
x			**13.** Food in good condition, safe and unadulterated			
			14. Food contact surfaces: clean and sanitized		x	x

Sanitizer Type: ☐ Chlorine ☐ Quaternary Ammonia ☐ Hot Water ☐ Other
Sanitizer Concentration (ppm):

IN	N/O	N/A		COS	MAJ	OUT
			FOOD FROM APPROVED SOURCES			
x			**15.** Food obtained from approved source			
		x	**16.** Shell stock with completed tags, in good condition, properly stored/displayed			
		x	**17.** Compliance with Gulf Oyster Regulations			
			CONFORMANCE WITH APPROVED PROCEDURES			
		x	**18.** Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
			CONSUMER ADVISORY			
		x	**19.** Consumer advisory provided for raw or undercooked foods			
			HIGHLY SUSCEPTIBLE POPULATIONS			
		x	**20.** Licensed health care facilities/ public & private schools; prohibited foods not offered			
			WATER/HOT WATER			
x			**21.** Hot and cold water available Temp 120° F			
			LIQUID WASTE DISPOSAL			
x			**22.** Sewage and wastewater properly disposed			
			VERMIN			
x			**23.** No rodents, insects, birds, or animals			

	OUT
SUPERVISION	
24. Person in charge present and performs duties	
PERSONAL CLEANLINESS	
25. Personal cleanliness and hair restraints	
GENERAL FOOD SAFETY REQUIREMENTS	
26. Approved thawing methods used, frozen food maintained frozen.	
27. Food separated and protected	
28. Fruits and vegetables washed as required.	
29. Toxic substances properly identified, stored, used	
FOOD STORAGE/ DISPLAY/ SERVICE	
30. Food properly stored; food storage containers identified	
31. Consumer self-service facilities properly constructed and maintained	
32. Food properly labeled & honestly presented	
EQUIPMENT/ UTENSILS/ LINENS	
33. Nonfood contact surfaces clean and in good repair.	x
34. Warewashing facilities: Adequate, maintained, properly used, test strips available	
35. Equipment/ Utensils Approved; installed properly, clean; good repair, capacity	x
36. Equipment, utensils and linens: Properly stored and used	
37. Vending machines	
38. Adequate ventilation and lighting; designated areas, use	

	OUT
39. Thermometers provided and accurate	x
40. Wiping cloths: properly used and stored	x
PHYSICAL FACILITIES	
41. Plumbing: Plumbing in good repair, proper backflow devices	x
42. Garbage and refuse properly disposed; facilities maintained	
43. Toilet facilities: properly constructed, supplied, cleaned	
44. Premises; personal/cleaning items; vermin-proofing	
PERMANENT FOOD FACILITIES	
45. Floor, walls and ceilings: properly built, maintained in good repair, and clean	x
46. No unapproved private homes/ living or sleeping quarters	
SIGNS, MISC. REQUIREMENTS & ENFORCEMENT	
47. Signs posted; last inspection report available	
48. Plan review required for new or remodel construction	
49. Permits Available	
50. Impoundment of unsanitary equipment or food	
51. Permit Suspension	
52. Other	
NON-PERMANENT FOOD FACILITIES	
53. Mobile food facilities	
54. Temporary food facilities	

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. ☐

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(530) 538-7281 or (530) 891-2727
www.buttecounty.net/publichealth/

R.E.H.S.

RECEIVED BY: mailed/ faxed