

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

| | | |
|--|-------------------|---|
| DBA/NAME Roxie Market and Deli | | DATE 8-7-07 |
| ADDRESS 3470 W Hwy 32, Chico | | RECHECK DATE |
| OWNER/OPERATOR Speero B., Spiro S., & Speero A. | | SITE # 2373 |
| MAILING ADDRESS | | CORRECT MAJOR VIOLATIONS BY: |
| INVENTORY TYPE 16F-13 | 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 | | | | | | | | X | | 13. Food in good condition, safe and unadulterated | | | |
| X | | | 2. Communicable disease; reporting, restrictions & exclusions | | | | | X | | 14. Food contact surfaces: clean and sanitized | | | |
| 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): | | | | | | |
| X | | | 4. Proper eating, tasting, drinking or tobacco use | | | | | | | | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | | | | FOOD FROM APPROVED SOURCES | | | | | | |
| | | X | 5. Hands clean and properly washed; gloves used properly | | | | X | | | 15. Food obtained from approved source | | | |
| | | X | 6. Adequate handwashing facilities supplied & accessible | | | | | | X | 16. Shell stock with completed tags, in good condition, properly stored/displayed | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | | | | | | X | 17. Compliance with Gulf Oyster Regulations | | | |
| X | | | 7. Proper hot and cold holding temperatures | | | | 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 | | | |
| | | X | 9. Proper cooling methods | | | | 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 | | | | | | | OUT | | | | | | |
| SUPERVISION | | | | | | | X | | | 21. Hot and cold water available | | | |
| 24. Person in charge present and performs duties | | | | | | | LIQUID WASTE DISPOSAL | | | | | | |
| PERSONAL CLEANLINESS | | | | | | | X | | | 22. Sewage and wastewater properly disposed | | | |
| 25. Personal cleanliness and hair restraints | | | | | | | VERMIN | | | | | | |
| GENERAL FOOD SAFETY REQUIREMENTS | | | | | | | | | | 23. No rodents, insects, birds, or animals | | | X |
| 26. Approved thawing methods used, frozen food maintained frozen. | | | | | | | PHYSICAL FACILITIES | | | | | | |
| 27. Food separated and protected | | | | | | | 41. Plumbing: Plumbing in good repair, proper backflow devices | | | | | | |
| 28. Fruits and vegetables washed as required. | | | | | | | 42. Garbage and refuse properly disposed; facilities maintained | | | | | | |
| 29. Toxic substances properly identified, stored, used | | | | | | | 43. Toilet facilities: properly constructed, supplied, cleaned | | | | | | |
| FOOD STORAGE/ DISPLAY/ SERVICE | | | | | | | 44. Premises; personal/cleaning items; vermin-proofing | | | | | | |
| 30. Food properly stored; food storage containers identified | | | | | | | PERMANENT FOOD FACILITIES | | | | | | |
| 31. Consumer self-service facilities properly constructed and maintained | | | | | | | 45. Floor, walls and ceilings: properly built, maintained in good repair, and clean | | | | | | |
| 32. Food properly labeled & honestly presented | | | | | | | 46. No unapproved private homes/ living or sleeping quarters | | | | | | |
| 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 | | | | | | |
| OUT | | | | | | | NON-PERMANENT FOOD FACILITIES | | | | | | |
| OUT | | | | | | | 53. Mobile food facilities | | | | | | |
| OUT | | | | | | | 54. Temporary food facilities | | | | | | |

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.

202 Mira Loma Drive
Oroville, CA 95965
(530) 538-7281 or (530) 891-2727
www.buttecounty.net/publichealth/

R.E.H.S.

RECEIVED BY:

Page 1 of 2