

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

| | | | |
|--|-------------------|---|--|
| DBA/NAME Esplanade AM/PM | | DATE 10/12/07 | |
| ADDRESS 2538 Esplanade, Chico, CA 95926 | | RECHECK DATE | |
| OWNER/OPERATOR | | SITE # 2422 | |
| FAX NUMBER 345-2499 | | CORRECT MAJOR VIOLATIONS BY: | |
| INVENTORY TYPE 16F- 13 | SERVICE 01 | CORRECT MINOR VIOLATIONS BY: 15 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 COS = Corrected On-Site | | | N/A = Not Applicable MAJ = Major Violation | | | OUT = Out of Compliance | | | | |
|--------------------|-----|-----|---|-----|-----|---|--|-----|-------------------------|---|-----|-----|-----|
| 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 | | | |
| | | | EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | √ | | | 13. Food in good condition, safe and unadulterated | | | |
| √ | | | 2. Communicable disease; reporting, restrictions & exclusions | | | | | | | 14. Food contact surfaces: clean and sanitized | | | √ |
| √ | | | 3. No discharge from eyes, nose, and mouth | | | | Sanitizer Type: <input checked="" type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Hot Water <input type="checkbox"/> Other Sanitizer Concentration (ppm): | | | | | | |
| √ | | | 4. Proper eating, tasting, drinking or tobacco use | | | | FOOD FROM APPROVED SOURCES | | | | | | |
| | | | PREVENTING CONTAMINATION BY HANDS | | | | √ | | | 15. Food obtained from approved source | | | |
| √ | | | 5. Hands clean and properly washed; gloves used properly | | | | | | √ | 16. Shell stock with completed tags, in good condition, properly stored/displayed | | | |
| | | | 6. Adequate handwashing facilities supplied & accessible | | | √ | | | √ | 17. Compliance with Gulf Oyster Regulations | | | |
| | | | TIME AND TEMPERATURE RELATIONSHIPS | | | | | | √ | 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | |
| | | | 7. Proper hot and cold holding temperatures | | | | CONFORMANCE WITH APPROVED PROCEDURES | | | | | | |
| | | √ | 8. Time as a public health control: Proper procedures & records | | | | | | √ | 19. Consumer advisory provided for raw or undercooked foods | | | |
| | | √ | 9. Proper cooling methods | | | | CONSUMER ADVISORY | | | | | | |
| | | √ | 10. Proper cooking time & temperatures | | | | | | √ | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered | | | |
| √ | | | 11. Proper reheating procedures for hot holding | | | | | | √ | 21. Hot and cold water available | | | |
| | | | SUPERVISION | | | | | | | 22. Sewage and wastewater properly disposed | | | |
| | | | | | | | | | | LIQUID WASTE DISPOSAL | | | |
| | | | | | | | | | | VERMIN | | | |
| | | | | | | | | | √ | 23. No rodents, insects, birds, or animals | | | |
| | | | | | | | | | | WATER/HOT WATER | | | |
| | | | | | | | | | | PHYSICAL FACILITIES | | | |
| | | | | | | | | | | 39. Thermometers provided and accurate | | | OUT |
| | | | | | | | | | | 40. Wiping cloths: properly used and stored | | | |
| | | | | | | | | | | 41. Plumbing: Plumbing in good repair, proper backflow devices | | | |
| | | | | | | | | | | 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 | | | √ |
| | | | | | | | | | | 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 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:
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|----------------------------------|----------------------------|
| DBA/NAME Esplanade AM/PM | DATE 10/12/07 |
| Food Safety Cert Name: available | Exp. Date: 11/22/09 |
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OBSERVATIONS AND CORRECTIVE ACTIONS

- 6- Observed accumulated black/brown residues in hand sink. Clean.
- 14- Food handler reports utensil cleaning procedure of wash/sanitize/rinse. Proper procedure is wash/rinse/sanitize. No sanitizer available at utensil sink/in utensil cleaning room. Bleach pulled from display shelf during inspection.
- 30- Observed unsealed bags/boxes of corn dogs, hot dogs, taquitos, etc. in refrigerator in back food prep area and foods stored on floor of walk-in freezer. .
- 31- Observed doors to donut display rack to be missing. Repair/replace rack to prevent contamination of donuts.
- 32- No manufacturer labels on bagged ice. Provide.
- 35- Clean ice machine to remove black/pink residues and beverage dispenser to remove accumulated beverage residues. Observed nozzles on bags in cream dispenser to be cut straight across. Cut nozzles diagonally.
- 44- Observed mop stored in mop bucket. Store mop so as to dry completely between uses.
- 45- Observed damaged areas/holes in vinyl flooring in utensil area/back room. Repair. Clean floor sink under utensil sink to remove accumulated black residues and floors in hard to reach areas (under storage racks, ice machine, etc.) to remove accumulated dust/miscellaneous trash. Clean walls where needed by hand sink and in utensil room to remove residues.