

## Food Program Official Inspection Report

|  |                   |  |
|--|-------------------|--|
| <b>DBA/NAME Safeway 1125 – Starbucks</b>         |                   | <b>DATE 7-18-07</b>                        |
| <b>ADDRESS 1366 East Avenue, Chico, CA 95973</b> |                   | <b>RECHECK DATE</b>                        |
| <b>OWNER/OPERATOR</b>                            |                   | <b>SITE # 2593</b>                         |
| <b>MAILING ADDRESS</b>                           |                   | <b>CORRECT MAJOR VIOLATIONS BY:</b>        |
| <b>INVENTORY TYPE 16F-14 (5)</b>                 | <b>SERVICE 01</b> | <b>CORRECT MINOR VIOLATIONS BY: 7 days</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> Dora Pearse<br>Certified Professional Food Manager<br><b>Exp. Date:</b> 11/7/11 |     |     |   |     |     |     | √   |     |     | 13. Food in good condition, safe and unadulterated  |     |     |     |
| <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>  |     |     |   |     |     |     | <b>CONFORMANCE WITH APPROVED PROCEDURES</b>   |     |     |   |     |     |     |
| √   |     |     | 5. Hands clean and properly washed; gloves used properly                      |     |     |     |   |     | √   | 17. Compliance with Gulf Oyster Regulations   |     |     |     |
| √   |     |     | 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: 120°F  |     |     |     |
| <b>SUPERVISION</b>  |     |     |   |     |     |     | <b>LIQUID WASTE DISPOSAL</b>  |     |     |   |     |     |     |
| <b>24. Person in charge present and performs duties</b>   |     |     |   |     |     |     | √      22. Sewage and wastewater properly disposed  |     |     |   |     |     |     |
| <b>PERSONAL CLEANLINESS</b>   |     |     |   |     |     |     | <b>VERMIN</b>   |     |     |   |     |     |     |
| <b>25. Personal cleanliness and hair restraints</b>   |     |     |   |     |     |     | √      23. No rodents, insects, birds, or animals   |     |     |   |     |     |     |
| <b>GENERAL FOOD SAFETY REQUIREMENTS</b>   |     |     |   |     |     |     | <b>OUT</b>  |     |     |   |     |     |     |
| <b>26. Approved thawing methods used, frozen food maintained frozen.</b>                                      |     |     |   |     |     |     | <b>39. Thermometers provided and accurate</b>   |     |     |   |     |     |     |
| <b>27. Food separated and protected</b>   |     |     |   |     |     |     | <b>40. Wiping cloths: properly used and stored</b>  |     |     |   |     |     |     |
| <b>28. Fruits and vegetables washed as required.</b>  |     |     |   |     |     |     | <b>PHYSICAL FACILITIES</b>  |     |     |   |     |     |     |
| <b>29. Toxic substances properly identified, stored, used</b>   |     |     |   |     |     |     | <b>41. Plumbing: Plumbing in good repair, proper backflow devices</b>   |     |     |   |     |     |     |
| <b>FOOD STORAGE/ DISPLAY/ SERVICE</b>   |     |     |   |     |     |     | <b>42. Garbage and refuse properly disposed; facilities maintained</b>  |     |     |   |     |     |     |
| <b>30. Food properly stored; food storage containers identified</b>   |     |     |   |     |     |     | <b>43. Toilet facilities: properly constructed, supplied, cleaned</b>   |     |     |   |     |     |     |
| <b>31. Consumer self-service facilities properly constructed and maintained</b>                               |     |     |   |     |     |     | <b>44. Premises; personal/cleaning items; vermin-proofing</b>   |     |     |   |     |     |     |
| <b>32. Food properly labeled &amp; honestly presented</b>   |     |     |   |     |     |     | <b>PERMANENT FOOD FACILITIES</b>  |     |     |   |     |     |     |
| <b>EQUIPMENT/ UTENSILS/ LINENS</b>  |     |     |   |     |     |     | <b>45. Floor, walls and ceilings: properly built, maintained in good repair, and clean</b>  |     |     |   |     |     |     |
| <b>33. Nonfood contact surfaces clean and in good repair.</b>   |     |     |   |     |     |     | <b>46. No unapproved private homes/ living or sleeping quarters</b>   |     |     |   |     |     |     |
| <b>34. Warewashing facilities: Adequate, maintained, properly used, test strips available</b>                 |     |     |   |     |     |     | <b>SIGNS, MISC. REQUIREMENTS &amp; ENFORCEMENT</b>  |     |     |   |     |     |     |
| <b>35. Equipment/ Utensils Approved; installed properly, clean; good repair, capacity</b>                     |     |     |   |     |     |     | <b>47. Signs posted; last inspection report available</b>   |     |     |   |     |     |     |
| <b>36. Equipment, utensils and linens: Properly stored and used</b>   |     |     |   |     |     |     | <b>48. Plan review required for new or remodel construction</b>   |     |     |   |     |     |     |
| <b>37. Vending machines</b>   |     |     |   |     |     |     | <b>49. Permits Available</b>  |     |     |   |     |     |     |
| <b>38. Adequate ventilation and lighting; designated areas, use</b>   |     |     |   |     |     |     | <b>50. Impoundment of unsanitary equipment or food</b>  |     |     |   |     |     |     |
| <b>OUT</b>  |     |     |   |     |     |     | <b>51. Permit Suspension</b>  |     |     |   |     |     |     |
| <b>OUT</b>  |     |     |   |     |     |     | <b>52. Other</b>  |     |     |   |     |     |     |
| <b>OUT</b>  |     |     |   |     |     |     | <b>NON-PERMANENT FOOD FACILITIES</b>  |     |     |   |     |     |     |
| <b>OUT</b>  |     |     |   |     |     |     | <b>53. Mobile food facilities</b>   |     |     |   |     |     |     |
| <b>OUT</b>  |     |     |   |     |     |     | <b>54. Temporary food facilities</b>  |     |     |   |     |     |     |

Received by:

Specialist: