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

| | |
|---|---|
| **DBA/NAME Wok In** | **DATE 8/27/07** |
| **ADDRESS 1354 East Avenue, Chico, CA 95926** | **RECHECK DATE 1+days** |
| **OWNER/OPERATOR** | **SITE # 2663** |
| **MAILING ADDRESS** | **CORRECT MAJOR VIOLATIONS BY: 24 hours** |
| **INVENTORY TYPE 16F- 23** **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 **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 |
|---|---|---|---|---|---|---|
| | | | 1. Demonstration of knowledge; food safety certification | | | √ |
| | | | **EMPLOYEE HEALTH & HYGIENIC PRACTICES** | | | |
| √ | | | **2.** Communicable disease; reporting, restrictions & exclusions | | | |
| √ | | | **3.** No discharge from eyes, nose, and mouth | | | |
| | | | **4.** Proper eating, tasting, drinking or tobacco use | | | √ |
| | | | **PREVENTING CONTAMINATION BY HANDS** | | | |
| √ | | | **5.** Hands clean and properly washed; gloves used properly | | | |
| | | | **6.** Adequate handwashing facilities supplied & accessible | | | √ |
| | | | **TIME AND TEMPERATURE RELATIONSHIPS** | | | |
| | | | **7.** Proper hot and cold holding temperatures | | √ | √ |
| | | √ | **8.** Time as a public health control: Proper procedures & records | | | |
| √ | | | **9.** Proper cooling methods | | | |
| √ | | | **10.** Proper cooking time & temperatures | | | |
| | | √ | **11.** Proper reheating procedures for hot holding | | | |

| IN | N/O | N/A | PROTECTION FROM CONTAMINATION | COS | MAJ | OUT |
|---|---|---|---|---|---|---|
| | | √ | **12.** Proper procedures followed for returned and reservice of food | | | |
| √ | | | **13.** Food in good condition, safe and unadulterated | | | |
| √ | | | **14.** Food contact surfaces: clean and sanitized | | | |
| | | | **Sanitizer Type**: ☐ Chlorine √ Quaternary Ammonia ☐ Hot Water ☐ Other<br>**Sanitizer Concentration (ppm):** | | | |
| | | | **FOOD FROM APPROVED SOURCES** | | | |
| √ | | | **15.** Food obtained from approved source | | | |
| | | √ | **16.** Shell stock with completed tags, in good condition, properly stored/displayed | | | |
| | | √ | **17.** Compliance with Gulf Oyster Regulations | | | |
| | | | **CONFORMANCE WITH APPROVED PROCEDURES** | | | |
| | | √ | **18.** Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | |
| | | | **CONSUMER ADVISORY** | | | |
| | | √ | **19.** Consumer advisory provided for raw or undercooked foods | | | |
| | | | **HIGHLY SUSCEPTIBLE POPULATIONS** | | | |
| | | √ | **20.** Licensed health care facilities/ public & private schools; prohibited foods not offered | | | |
| | | | **WATER/HOT WATER** | | | |
| | | | **21.** Hot and cold water available Temp | | | √ |
| | | | **LIQUID WASTE DISPOSAL** | | | |
| √ | | | **22.** Sewage and wastewater properly disposed | | | |
| | | | **VERMIN** | | | |
| √ | | | **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. | |
| **34.** Warewashing facilities: Adequate, maintained, properly used, test strips available | |
| **35.** Equipment/ Utensils Approved; installed properly, clean; good repair, capacity | √ |
| **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 | |
| **40.** Wiping cloths: properly used and stored | |
| **PHYSICAL FACILITIES** | |
| **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 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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Oroville, CA 95965
(530) 538-7281 or (530) 891-2727
www.buttecounty.net/publichealth/

**R.E.H.S.**

**RECEIVED BY:**