

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

|  |                   |                                     |  |
|--|-------------------|-------------------------------------|--|
| <b>DBA/NAME</b> Barnes & Noble Booksellers #2815               |                   | <b>DATE</b> 9/21/07                 |  |
| <b>ADDRESS</b> 2031 Dr. Martin Luther King Jr. Pkwy, Chico, CA |                   | <b>RECHECK DATE</b>                 |  |
| <b>OWNER/OPERATOR</b>  |                   | <b>SITE #</b> 2707                  |  |
| <b>MAILING ADDRESS</b>   |                   | <b>CORRECT MAJOR VIOLATIONS BY:</b> |  |
| <b>INVENTORY TYPE</b> 16F-23                                   | <b>SERVICE</b> 01 | <b>CORRECT MINOR VIOLATIONS BY:</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 |            |            |
|--|-----|-----|-------------------------|------------|------------|--|--|---|-------------------------|------------|------------|
| IN   | N/O | N/A | COS = Corrected On-Site |            |            | MAJ = Major Violation  |  |   |                         |            |            |
| <b>DEMONSTRATION OF KNOWLEDGE</b>  |     |     | <b>COS</b>              | <b>MAJ</b> | <b>OUT</b> | <b>PROTECTION FROM CONTAMINATION</b>   |  |   | <b>COS</b>              | <b>MAJ</b> | <b>OUT</b> |
| X  |     |     |                         |            |            | X  |  |   |                         |            |            |
| 1. Demonstration of knowledge; food safety certification                               |     |     |                         |            |            | 12. Proper procedures followed for returned and reservice of food  |  |   |                         |            |            |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>  |     |     |                         |            |            | <b>FOOD FROM APPROVED SOURCES</b>  |  |   |                         |            |            |
| X  |     |     |                         |            |            | X  |  |   |                         |            |            |
| 2. Communicable disease; reporting, restrictions & exclusions                          |     |     |                         |            |            | 13. Food in good condition, safe and unadulterated   |  |   |                         |            |            |
| X  |     |     |                         |            |            | X  |  |   |                         |            |            |
| 3. No discharge from eyes, nose, and mouth   |     |     |                         |            |            | 14. Food contact surfaces: clean and sanitized   |  |   |                         |            |            |
| X  |     |     |                         |            |            | Sanitizer Type: <input type="checkbox"/> Chlorine <input checked="" type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Hot Water <input type="checkbox"/> Other |  |   |                         |            |            |
| X  |     |     |                         |            |            | Sanitizer Concentration (ppm):   |  |   |                         |            |            |
| 4. Proper eating, tasting, drinking or tobacco use                                     |     |     |                         |            |            | <b>CONFORMANCE WITH APPROVED PROCEDURES</b>  |  |   |                         |            |            |
| <b>PREVENTING CONTAMINATION BY HANDS</b>   |     |     |                         |            |            | 15. Food obtained from approved source   |  |   |                         |            |            |
| X  |     |     |                         |            |            | X  |  |   |                         |            |            |
| 5. Hands clean and properly washed; gloves used properly                               |     |     |                         |            |            |  |  | X |                         |            |            |
| X  |     |     |                         |            |            | 16. Shell stock with completed tags, in good condition, properly stored/displayed  |  |   |                         |            |            |
| 6. Adequate handwashing facilities supplied & accessible                               |     |     |                         |            |            |  |  | X |                         |            |            |
| <b>TIME AND TEMPERATURE RELATIONSHIPS</b>  |     |     |                         |            |            | 17. Compliance with Gulf Oyster Regulations  |  |   |                         |            |            |
| X  |     |     |                         |            |            | <b>CONSUMER ADVISORY</b>   |  |   |                         |            |            |
| 7. Proper hot and cold holding temperatures  |     |     |                         |            |            |  |  | X |                         |            |            |
|  |     | X   |                         |            |            | 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan  |  |   |                         |            |            |
|  |     | X   |                         |            |            | <b>HIGHLY SUSCEPTIBLE POPULATIONS</b>  |  |   |                         |            |            |
|  |     | X   |                         |            |            |  |  | X |                         |            |            |
| 8. Time as a public health control: Proper procedures & records                        |     |     |                         |            |            | 19. Consumer advisory provided for raw or undercooked foods  |  |   |                         |            |            |
|  |     | X   |                         |            |            | <b>WATER/HOT WATER</b>   |  |   |                         |            |            |
| 9. Proper cooling methods  |     |     |                         |            |            | X  |  |   |                         |            |            |
| X  |     |     |                         |            |            | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered  |  |   |                         |            |            |
| 10. Proper cooking time & temperatures   |     |     |                         |            |            | <b>LIQUID WASTE DISPOSAL</b>   |  |   |                         |            |            |
|  |     | X   |                         |            |            | X  |  |   |                         |            |            |
| 11. Proper reheating procedures for hot holding  |     |     |                         |            |            | 21. Hot and cold water available Temp >120°F   |  |   |                         |            |            |
| <b>SUPERVISION</b>   |     |     |                         |            | <b>OUT</b> | <b>VERMIN</b>  |  |   |                         |            |            |
| 24. Person in charge present and performs duties                                       |     |     |                         |            |            | X  |  |   |                         |            |            |
| <b>PERSONAL CLEANLINESS</b>  |     |     |                         |            |            | 22. Sewage and wastewater properly disposed  |  |   |                         |            |            |
| 25. Personal cleanliness and hair restraints   |     |     |                         |            |            | <b>PERMANENT FOOD FACILITIES</b>   |  |   |                         |            |            |
| <b>GENERAL FOOD SAFETY REQUIREMENTS</b>  |     |     |                         |            |            | 45. Floor, walls and ceilings: properly built, maintained in good repair, and clean  |  |   |                         |            |            |
| 26. Approved thawing methods used, frozen food maintained frozen.                      |     |     |                         |            |            | 46. No unapproved private homes/ living or sleeping quarters   |  |   |                         |            |            |
| 27. Food separated and protected   |     |     |                         |            |            | <b>SIGNS, MISC. REQUIREMENTS &amp; ENFORCEMENT</b>   |  |   |                         |            |            |
| 28. Fruits and vegetables washed as required.  |     |     |                         |            |            | 47. Signs posted; last inspection report available   |  |   |                         |            |            |
| 29. Toxic substances properly identified, stored, used                                 |     |     |                         |            |            | 48. Plan review required for new or remodel construction   |  |   |                         |            |            |
| <b>FOOD STORAGE/ DISPLAY/ SERVICE</b>  |     |     |                         |            |            | 49. Permits Available  |  |   |                         |            |            |
| 30. Food properly stored; food storage containers identified                           |     |     |                         |            |            | 50. Impoundment of unsanitary equipment or food  |  |   |                         |            |            |
| 31. Consumer self-service facilities properly constructed and maintained               |     |     |                         |            |            | 51. Permit Suspension  |  |   |                         |            |            |
| 32. Food properly labeled & honestly presented   |     |     |                         |            |            | 52. Other  |  |   |                         |            |            |
| <b>EQUIPMENT/ UTENSILS/ LINENS</b>   |     |     |                         |            |            | <b>NON-PERMANENT FOOD FACILITIES</b>   |  |   |                         |            |            |
| 33. Nonfood contact surfaces clean and in good repair.                                 |     |     |                         |            |            | 53. Mobile food facilities   |  |   |                         |            |            |
| 34. Warewashing facilities: Adequate, maintained, properly used, test strips available |     |     |                         |            |            | 54. Temporary food facilities  |  |   |                         |            |            |
| 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                           |     |     |                         |            |            |  |  |   |                         |            |            |

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.

202 Mira Loma Drive  
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www.buttecounty.net/publichealth/

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

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Page 1 of 2