

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

<b>DBA/NAME</b> Starbucks		<b>DATE</b> 11-20-07	
<b>ADDRESS</b> 2009 Forest Ave., Chico		<b>RECHECK DATE</b>	
<b>OWNER/OPERATOR</b>		<b>SITE #</b> 2837	
<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    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			X	X			12. Proper procedures followed for returned and reservice of food			
			Food Safety Certificate Exp Date _____ ?				X			13. Food in good condition, safe and unadulterated			
<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>							<b>FOOD FROM APPROVED SOURCES</b>						
X			2. Communicable disease; reporting, restrictions & exclusions				X			15. Food obtained from approved source			
X			3. No discharge from eyes, nose, and mouth				X			16. Shell stock with completed tags, in good condition, properly stored/displayed			
X			4. Proper eating, tasting, drinking or tobacco use					X		17. Compliance with Gulf Oyster Regulations			
X			5. Hands clean and properly washed; gloves used properly					X					
X			6. Adequate handwashing facilities supplied & accessible										
<b>TIME AND TEMPERATURE RELATIONSHIPS</b>							<b>SPECIAL PROCEDURES</b>						
X			7. Proper hot and cold holding temperatures					X		18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan			
		X	8. Time as a public health control: Proper procedures & records					X		19. Consumer advisory provided for raw or undercooked foods			
		X	9. Proper cooling methods					X		20. Licensed health care facilities/ public & private schools; prohibited foods not offered			
	X		10. Proper cooking time & temperatures				X						
	X		11. Proper reheating procedures for hot holding										
<b>SUPERVISION /PERSONAL CLEANLINESS</b>							<b>WATER &amp; WASTE WATER</b>						
						OUT	X			21. Hot and cold water available			
<b>GENERAL FOOD SAFETY REQUIREMENTS</b>							<b>LIQUID WASTE DISPOSAL</b>						
24. Person in charge present and performs duties										22. Sewage and wastewater properly disposed			
25. Personal cleanliness and hair restraints													
<b>FOOD STORAGE/ DISPLAY/ SERVICE</b>							<b>VERMIN</b>						
26. Approved thawing methods used, frozen food maintained frozen.							X			23. No rodents, insects, birds, or animals			
27. Food separated and protected													
28. Fruits and vegetables washed as required.													
29. Toxic substances properly identified, stored, used													
<b>EQUIPMENT/ UTENSILS/ LINENS</b>							<b>PHYSICAL FACILITIES</b>						
30. Food properly stored; food storage containers identified										38. Adequate ventilation and lighting; designated areas, use			OUT
31. Consumer self-service facilities properly constructed and maintained										39. Thermometers provided and accurate			X
32. Food properly labeled & honestly presented										40. Wiping cloths: properly used and stored			X
<b>PERMANENT FOOD FACILITIES</b>							<b>SIGNS, MISC. REQUIREMENTS &amp; ENFORCEMENT</b>						
33. Nonfood contact surfaces clean and in good repair.										41. Plumbing: Plumbing in good repair, proper backflow devices			
34. Warewashing facilities: Adequate, maintained, properly used, test strips available										42. Garbage and refuse properly disposed; facilities maintained			
35. Equipment/ Utensils Approved; installed properly, clean; good repair, capacity										43. Toilet facilities: properly constructed, supplied, cleaned			
36. Equipment, utensils and linens: Properly stored and used										44. Premises; personal/cleaning items; vermin-proofing			
37. Vending machines													
<b>OBSERVATIONS AND CORRECTIVE ACTIONS:</b>							<b>OTHER</b>						
1) Verify that at least one person working here has passed an approved food safety test. If available, fax copy to fax number below and indicate what facility it is for.													
39) One thermometer is missing in small front refrigerator.													
40) A few wiping rags were not stored in sanitizer solutions between uses.													
45) Replace missing coved base corner tile.													

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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FAX (530) 538-5339  
[www.buttecounty.net/publichealth/](http://www.buttecounty.net/publichealth/)

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

**RECEIVED BY:**

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