

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

| | | | |
|--|-------------------|-------------------------------------|--|
| DBA/NAME John McManus Elementary School | | DATE 5-13-09 | |
| ADDRESS 988 East Ave. Chico CA, 95973 | | RECHECK DATE | |
| OWNER/OPERATOR | | SITE # 2911 | |
| MAILING ADDRESS | | CORRECT MAJOR VIOLATIONS BY: | |
| INVENTORY TYPE 16F-32 | SERVICE 01 | CORRECT MINOR VIOLATIONS BY: | |

See reverse side for the California Retail Food 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 |
| X | | | 1. Demonstration of knowledge; food safety certification. FSC Exp. Date: | | | | | | X | | | 12. Proper procedures followed for returned and reservice of food | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | | | | | | | | | | | | |
| X | | | 2. Communicable disease; reporting, restrictions & exclusions | | | | | | X | | | 13. Food in good condition, safe and unadulterated | | | |
| X | | | 3. No discharge from eyes, nose, and mouth | | | | | | APPROVED SOURCE & SPECIAL PROCEDURES | | | | | | |
| X | | | 4. Proper eating, tasting, drinking or tobacco use | | | | | | X | | | 15. Food obtained from approved source | | | |
| X | | | 5. Hands clean and properly washed; gloves used properly | | | | | | | | X | 16. Shell stock with completed tags, in good condition, properly stored/displayed | | | |
| X | | | 6. Adequate handwashing facilities supplied & accessible | | | | | | | | X | 17. Compliance with Gulf Oyster Regulations | | | |
| TIME & TEMPERATURE RELATIONSHIPS | | | | | | | | | | | | | | | |
| X | | | 7. Proper hot and cold holding temperatures | | | | | | | | X | 18. Compliance with variance, specialized process, & HACCP Plan | | | |
| | | X | 8. Time as a public health control: Proper procedures & records | | | | | | X | | X | 19. Consumer advisory provided for raw or undercooked foods | | | |
| X | | | 9. Proper cooling methods | | | | | | | | | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered | | | |
| X | | | 10. Proper cooking time & temperatures | | | | | | WATER & WASTE WATER | | | | | | |
| X | | | 11. Proper reheating procedures for hot holding | | | | | | X | | | 21. Hot and cold water available | | | |
| | | | | | | | | | X | | | 22. Sewage and wastewater properly disposed | | | |
| VERMIN | | | | | | | | | | | | | | | |
| | | | | | | | | | X | | | 23. No rodents, insects, birds, or animals | | | |
| | | | | | | | | OUT | | | | | | | OUT |
| SUPERVISION /PERSONAL CLEANLINESS | | | | | | | | | | | | | | | |
| | | | 24. Person in charge present and performs duties | | | | | | | | | 38. Adequate ventilation and lighting; designated areas, use | | | |
| | | | 25. Personal cleanliness and hair restraints | | | | | | | | | 39. Thermometers provided and accurate | | | X |
| GENERAL FOOD SAFETY REQUIREMENTS | | | | | | | | | | | | | | | |
| | | | 26. Approved thawing methods used, frozen food maintained frozen. | | | | | | | | | 40. Wiping cloths: properly used and stored | | | X |
| | | | 27. Food separated and protected | | | | | | PHYSICAL FACILITIES | | | | | | |
| | | | 28. Fruits and vegetables washed as required. | | | | | | | | | 41. Plumbing: Plumbing in good repair, proper backflow devices | | | |
| | | | 29. Toxic substances properly identified, stored, used | | | | | | | | | 42. Garbage and refuse properly disposed; facilities maintained | | | |
| FOOD STORAGE/ DISPLAY/ SERVICE | | | | | | | | | | | | | | | |
| | | | 30. Food properly stored; food storage containers identified | | | | | X | | | | 43. Toilet facilities: properly constructed, supplied, cleaned | | | |
| | | | 31. Consumer self-service facilities properly constructed and maintained | | | | | | | | | 44. Premises; personal/cleaning items; vermin-proofing | | | |
| | | | 32. Food properly labeled & honestly presented | | | | | | PERMANENT FOOD FACILITIES | | | | | | |
| EQUIPMENT/ UTENSILS/ LINENS | | | | | | | | | | | | | | | |
| | | | 33. Nonfood contact surfaces clean and in good repair. | | | | | | | | | 45. Floor, walls and ceilings: properly built, maintained in good repair, and clean | | | |
| | | | 34. Warewashing facilities: Adequate, maintained, properly used, test strips available | | | | | X | | | | 46. No unapproved private homes/ living or sleeping quarters | | | |
| | | | 35. Equipment/ Utensils Approved; installed properly, clean; good repair, capacity | | | | | | SIGNS, MISC. REQUIREMENTS & ENFORCEMENT | | | | | | |
| | | | 36. Equipment, utensils and linens: Properly stored and used | | | | | | | | | 47. Signs posted; last inspection report available | | | |
| | | | 37. Vending machines | | | | | | | | | 48. Plan review required for new or remodel construction | | | |
| | | | | | | | | | | | | 49. Permits Available | | | |
| | | | | | | | | | | | | 50. Impoundment of unsanitary equipment or food | | | |
| | | | | | | | | | | | | 51. Permit Suspension | | | |
| | | | | | | | | | | | | 52. Other | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS:

30- Observed several boxes of food stored on floor in walk-in cooler and walk-in freezer. Store food on shelves at least 6 inches off the floor.

34- No quaternary ammonia test strips available for checking sanitizer levels.

In sanitizer bucket in between uses.

39- Digital thermometer read 38.8 °F during calibration test. Provide thermometer that reads within + or- 2 degrees.

40- Reported that wipe rags are run through the dishwasher for sanitizer. Store wipe rags in bucket of sanitizer in between uses.

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/

R.E.H.S.

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