

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

| | | |
|--|-------------------|--|
| DBA/NAME Korner Market | | DATE 9/7/07 |
| ADDRESS 1194 E Lassen Avenue, Chico, CA 95973 | | RECHECK DATE 3+ days |
| OWNER/OPERATOR | | SITE # 2988 |
| MAILING ADDRESS | | CORRECT MAJOR VIOLATIONS BY: |
| INVENTORY TYPE 16F- | SERVICE 01 | CORRECT MINOR VIOLATIONS BY: 1 day refrigerator/30 days other |

See reverse side for the code sections and general requirements that correspond to each violation listed below

| In = In Compliance | | | N/O = Not Observed COS = Corrected On-Site | | | N/A = Not Applicable MAJ = Major Violation | | | OUT = Out of Compliance | | | | |
|--------------------|-----|-----|---|-----|-----|---|--|-----|-------------------------|---|-----|-----|-----|
| 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 | | | |
| | | | EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | √ | | | 13. Food in good condition, safe and unadulterated | | | |
| √ | | | 2. Communicable disease; reporting, restrictions & exclusions | | | | | | | 14. Food contact surfaces: clean and sanitized | | | √ |
| √ | | | 3. No discharge from eyes, nose, and mouth | | | | Sanitizer Type: <input checked="" type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Hot Water <input type="checkbox"/> Other Sanitizer Concentration (ppm): | | | | | | |
| √ | | | 4. Proper eating, tasting, drinking or tobacco use | | | | FOOD FROM APPROVED SOURCES | | | | | | |
| | | | PREVENTING CONTAMINATION BY HANDS | | | | √ | | | 15. Food obtained from approved source | | | |
| √ | | | 5. Hands clean and properly washed; gloves used properly | | | | | | √ | 16. Shell stock with completed tags, in good condition, properly stored/displayed | | | |
| √ | | | 6. Adequate handwashing facilities supplied & accessible | | | | | | √ | 17. Compliance with Gulf Oyster Regulations | | | |
| | | | TIME AND TEMPERATURE RELATIONSHIPS | | | | | | √ | 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | |
| | | | 7. Proper hot and cold holding temperatures | | | √ | CONFORMANCE WITH APPROVED PROCEDURES | | | | | | |
| | | √ | 8. Time as a public health control: Proper procedures & records | | | | | | √ | 19. Consumer advisory provided for raw or undercooked foods | | | |
| | | √ | 9. Proper cooling methods | | | | CONSUMER ADVISORY | | | | | | |
| | | √ | 10. Proper cooking time & temperatures | | | | | | √ | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered | | | |
| | | √ | 11. Proper reheating procedures for hot holding | | | | | | √ | 21. Hot and cold water available Temp | | | |
| | | | SUPERVISION | | | | | | | 22. Sewage and wastewater properly disposed | | | |
| | | | PERSONAL CLEANLINESS | | | | | | | 23. No rodents, insects, birds, or animals | | | |
| | | | GENERAL FOOD SAFETY REQUIREMENTS | | | | | | | 39. Thermometers provided and accurate | | | OUT |
| | | | FOOD STORAGE/ DISPLAY/ SERVICE | | | | | | | 40. Wiping cloths: properly used and stored | | | |
| | | | EQUIPMENT/ UTENSILS/ LINENS | | | | | | | 41. Plumbing: Plumbing in good repair, proper backflow devices | | | |
| | | | NON-PERMANENT FOOD FACILITIES | | | | | | | 42. Garbage and refuse properly disposed; facilities maintained | | | |
| | | | REINSPECTION FEES | | | | | | | 43. Toilet facilities: properly constructed, supplied, cleaned | | | |
| | | | FOOD STORAGE/ DISPLAY/ SERVICE | | | | | | | 44. Premises; personal/cleaning items; vermin-proofing | | | √ |
| | | | EQUIPMENT/ UTENSILS/ LINENS | | | | | | | 45. Floor, walls and ceilings: properly built, maintained in good repair, and clean | | | |
| | | | FOOD STORAGE/ DISPLAY/ SERVICE | | | | | | | 46. No unapproved private homes/ living or sleeping quarters | | | |
| | | | EQUIPMENT/ UTENSILS/ LINENS | | | | | | | 47. Signs posted; last inspection report available | | | |
| | | | FOOD STORAGE/ DISPLAY/ SERVICE | | | | | | | 48. Plan review required for new or remodel construction | | | |
| | | | EQUIPMENT/ UTENSILS/ LINENS | | | | | | | 49. Permits Available | | | |
| | | | FOOD STORAGE/ DISPLAY/ SERVICE | | | | | | | 50. Impoundment of unsanitary equipment or food | | | |
| | | | EQUIPMENT/ UTENSILS/ LINENS | | | | | | | 51. Permit Suspension | | | |
| | | | FOOD STORAGE/ DISPLAY/ SERVICE | | | | | | | 52. Other | | | √ |
| | | | EQUIPMENT/ UTENSILS/ LINENS | | | | | | | 53. Mobile food facilities | | | |
| | | | FOOD STORAGE/ DISPLAY/ SERVICE | | | | | | | 54. Temporary food facilities | | | |
| | | | EQUIPMENT/ UTENSILS/ LINENS | | | | | | | | | | |

Reinspection fees will be charged for all subsequent reinspection 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
Oroville, CA 95965
(530) 538-7281 or (530) 891-2727
www.buttecounty.net/publichealth/

R.E.H.S.

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Page 1 of 2

