

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

| | | |
|---|-------------------|---|
| DBA/NAME Coffee on Shasta | | DATE 10-30-07 |
| ADDRESS 2995 Esplanade #105, Chico | | RECHECK DATE |
| OWNER/OPERATOR Mark Leiker | | SITE # 2996 |
| MAILING ADDRESS | | CORRECT MAJOR VIOLATIONS BY: |
| INVENTORY TYPE 16F-23 | SERVICE 01 | CORRECT MINOR VIOLATIONS BY: 30 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 | IN | N/O | N/A | PROTECTION FROM CONTAMINATION | COS | MAJ | OUT |
|---|-----|-----|---|-----|-----|-----|--|-----|-----|---|-----|-----|-----|
| X | | | 1. Demonstration of knowledge; food safety certification | | | | X | | | 12. Proper procedures followed for returned and reserve of food | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | | | | X | | | 13. Food in good condition, safe and unadulterated | | | |
| X | | | 2. Communicable disease; reporting, restrictions & exclusions | | | | X | | | 14. Food contact surfaces: clean and sanitized | | | |
| X | | | 3. No discharge from eyes, nose, and mouth | | | | Sanitizer Type: <input type="checkbox"/> Chlorine <input checked="" type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Hot Water <input type="checkbox"/> Other Sanitizer Concentration (ppm): | | | | | | |
| X | | | 4. Proper eating, tasting, drinking or tobacco use | | | | FOOD FROM APPROVED SOURCES | | | | | | |
| X | | | 5. Hands clean and properly washed; gloves used properly | | | | X | | | 15. Food obtained from approved source | | | |
| X | | | 6. Adequate handwashing facilities supplied & accessible | | | | | X | | 16. Shell stock with completed tags, in good condition, properly stored/displayed | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | | | | | X | | 17. Compliance with Gulf Oyster Regulations | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | | | | CONFORMANCE WITH APPROVED PROCEDURES | | | | | | |
| 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 | | | | CONSUMER ADVISORY | | | | | | |
| | | X | 9. Proper cooling methods | | | | | X | | 19. Consumer advisory provided for raw or undercooked foods | | | |
| | | X | 10. Proper cooking time & temperatures | | | | HIGHLY SUSCEPTIBLE POPULATIONS | | | | | | |
| | | X | 11. Proper reheating procedures for hot holding | | | | | X | | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered | | | |
| SUPERVISION | | | | | | | WATER/HOT WATER | | | | | | |
| OUT | | | | | | | OUT | | | | | | |
| 24. Person in charge present and performs duties | | | | | | | X | | | 21. Hot and cold water available | | | |
| PERSONAL CLEANLINESS | | | | | | | LIQUID WASTE DISPOSAL | | | | | | |
| 25. Personal cleanliness and hair restraints | | | | | | | X | | | 22. Sewage and wastewater properly disposed | | | |
| GENERAL FOOD SAFETY REQUIREMENTS | | | | | | | VERMIN | | | | | | |
| 26. Approved thawing methods used, frozen food maintained frozen. | | | | | | | X | | | 23. No rodents, insects, birds, or animals | | | |
| 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 | | | | | | | 43. Toilet facilities: properly constructed, supplied, cleaned | | | | | | |
| 30. Food properly stored; food storage containers identified | | | | | | | 44. Premises; personal/cleaning items; vermin-proofing | | | | | | |
| 31. Consumer self-service facilities properly constructed and maintained | | | | | | | PERMANENT FOOD FACILITIES | | | | | | |
| 32. Food properly labeled & honestly presented | | | | | | | 45. Floor, walls and ceilings: properly built, maintained in good repair, and clean | | | | | | |
| EQUIPMENT/ UTENSILS/ LINENS | | | | | | | 46. No unapproved private homes/ living or sleeping quarters | | | | | | |
| 33. Nonfood contact surfaces clean and in good repair. | | | | | | | SIGNS, MISC. REQUIREMENTS & ENFORCEMENT | | | | | | |
| 34. Warewashing facilities: Adequate, maintained, properly used, test strips available | | | | | | | 47. Signs posted; last inspection report available | | | | | | |
| 35. Equipment/ Utensils Approved; installed properly, clean; good repair, capacity | | | | | | | 48. Plan review required for new or remodel construction | | | | | | |
| 36. Equipment, utensils and linens: Properly stored and used | | | | | | | 49. Permits Available | | | | | | |
| 37. Vending machines | | | | | | | 50. Impoundment of unsanitary equipment or food | | | | | | |
| 38. Adequate ventilation and lighting; designated areas, use | | | | | | | 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 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.

RECEIVED BY:

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|----------------------------------|------------------------|
| DBA/NAME Coffee on Shasta | DATE 10-30-07 |
| Food Safety Cert Name: | Exp. Date: 2012 |
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OBSERVATIONS AND CORRECTIVE ACTIONS

35- Replace domestic toaster and microwave with approved commercial equipment within next 6-months. –Clean bottom of 2-door reach-in refrigerator to remove some milk residues.

36- Observed rinsed/wet blender pitchers stored on absorbent wiping rag atop counter.