

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

| | | | |
|-----------------------------------------------------------|-------------------|---------------------------------------------|--|
| DBA/NAME Blondie's | | DATE 1/11/08 | |
| ADDRESS 6616 Clark Rd. #F Paradise | | RECHECK DATE 1 month | |
| OWNER/OPERATOR Fax 534-9629 | | SITE # 3012 | |
| MAILING ADDRESS 1527 Palermo Rd. Palermo, CA 95968 | | CORRECT MAJOR VIOLATIONS BY: 1 week | |
| INVENTORY TYPE 16F-24 | SERVICE 03 | CORRECT MINOR VIOLATIONS BY: 1 month | |

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 | PROTECTION FROM CONTAMINATION | | | COS | MAJ | OUT | |
| | | | 1. Demonstration of knowledge; food safety certification | | | | √ | √ | | | | | | | |
| | | | EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | | | | | | | | | |
| | | | 2. Communicable disease; reporting, restrictions & exclusions | | | | | | | | | | | | |
| | | | 3. No discharge from eyes, nose, and mouth | | | | | | | | | | | | |
| | | | 4. Proper eating, tasting, drinking or tobacco use | | | | | | Sanitizer Type: <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Hot Water <input type="checkbox"/> Other Sanitizer Concentration (ppm): | | | | | | |
| | | | PREVENTING CONTAMINATION BY HANDS | | | | | | FOOD FROM APPROVED SOURCES | | | | | | |
| √ | | | 5. Hands clean and properly washed; gloves used properly | | | | | | | | | | | | |
| | | | 6. Adequate handwashing facilities supplied & accessible | | | | | √ | | | | | | | |
| | | | TIME AND TEMPERATURE RELATIONSHIPS | | | | | | | | | | | | |
| √ | | | 7. Proper hot and cold holding temperatures | | | | | | | | | | | | |
| | | | 8. Time as a public health control: Proper procedures & records | | | | | | | | | | | | |
| √ | | | 9. Proper cooling methods | | | | | | | | | | | | |
| | √ | | 10. Proper cooking time & temperatures | | | | | | | | | | | | |
| | | | 11. Proper reheating procedures for hot holding | | | | | | | | | | | | |
| | | | SUPERVISION | | | OUT | | | | | | OUT | | | |
| | | | 24. Person in charge present and performs duties | | | | | | | | | | | | √ |
| | | | PERSONAL CLEANLINESS | | | | | | PHYSICAL FACILITIES | | | | | | |
| | | | 25. Personal cleanliness and hair restraints | | | | | | | | | | | | √ |
| | | | GENERAL FOOD SAFETY REQUIREMENTS | | | | | | PERMANENT FOOD FACILITIES | | | | | | |
| | | | 26. Approved thawing methods used, frozen food maintained frozen. | | | | | | | | | | | | |
| | | | 27. Food separated and protected | | | | | √ | | | | | | | √ |
| | | | 28. Fruits and vegetables washed as required. | | | | | | | | | | | | |
| | | | 29. Toxic substances properly identified, stored, used | | | | | | | | | | | | √ |
| | | | FOOD STORAGE/ DISPLAY/ SERVICE | | | | | | SIGNS, MISC. REQUIREMENTS & ENFORCEMENT | | | | | | |
| | | | 30. Food properly stored; food storage containers identified | | | | | | | | | | | | |
| | | | 31. Consumer self-service facilities properly constructed and maintained | | | | | | | | | | | | |
| | | | 32. Food properly labeled & honestly presented | | | | | | | | | | | | |
| | | | EQUIPMENT/ UTENSILS/ LINENS | | | | | | NON-PERMANENT FOOD FACILITIES | | | | | | |
| | | | 33. Nonfood contact surfaces clean and in good repair. | | | | | √ | | | | | | | |
| | | | 34. Warewashing facilities: Adequate, maintained, properly used, test strips available | | | | | | | | | | | | |
| | | | 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 | | | | | √ | | | | | | | |
| | | | | | | | | | R.E.H.S. | | | | | | |
| | | | | | | | | | RECEIVED BY: Mailed | | | | | | |
| | | | | | | | | | Page 1 of 2 | | | | | | |

Reinspection fees will be charged for all subsequent inspections 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/

| | |
|-------------------------------------------------|---------------------|
| DBA/NAME Blondie's | DATE 1/11/08 |
| Food Safety Cert Name: No certificate available | Exp. Date: |
| Page 2 of 2 | |

OBSERVATIONS AND CORRECTIVE ACTIONS

- 1) No valid food safety certificate available. **Repeat violation.** Enroll at least one employee from this facility in a food safety course **within 1 week.**
- 14) - Observed dried food residues on slicer.
 - Observed a soiled wiping rag on food prep surfaces.
 - Observed a heavily (i.e. raw meat) soiled cutting board on food prep table. Cutting board was removed to dishwasher during inspection.
- 27) - Observed raw beef stored directly on shelf next to half an onion in the prep refrigerator. Raw meat shall be stored in a closed container and on separate shelves below produce.
- 33) - Continue to remove rubber netting on all storage shelves as they are not kept clean and in good repair. Refinish (or replace) worn shelves/cabinets so as to be smooth, durable and easily cleanable.
 - Continue to clean all shelves/cabinets throughout facility to remove residues.
- 35) Replace torn door seals on large prep refrigerator.
- 36) Observed glassware stored (top down) on top of dirty ice machine. Observed frying pan in floor sink next to stove. Glassware/pans shall be stored so as to be kept free from contamination.
- 38) Provide additional lighting for inside the walk-in cooler.
- 39) Provide thermometers inside all refrigerator units (i.e. both prep refrigerators, front display refrigerator).
- 41) Clean floor sink next to stove to remove accumulation of black residues.
- 44) Repair bottom panel of back door so as to prevent the entrance of vermin.
- 45) - Repair/replace cracked/damaged coving behind floor sink under utensil sink and below walk-in cooler door.
 - Continue to clean floors in hard to reach areas (i.e. under/behind equipment/shelving) to remove accumulation of grease, food debris, dirt and trash.
 - Continue to clean walls around storage shelves and food prep areas (especially behind stove/fryer) to remove food residues and grease.

NOTE:

- Floor repairs in the wait station will be accepted on a performance basis. Floor shall be replaced so as to be smooth, durable, easily cleanable and self covered upon change of ownership or remodel.
- An additional hand sink for employee hand washing will be required upon change of ownership or remodel.
- **Reinspection fees** will apply to all this inspection and all subsequent re-inspections at \$75.70 per hour.