

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

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|------------------------------------------------|-------------------|-------------------------------------------------|
| DBA/NAME Happy Day | | DATE 9/24/08 |
| ADDRESS 14455 Skyway, Magalia, CA 95954 | | RECHECK DATE 7+ days |
| OWNER/OPERATOR | | SITE # 3053 |
| MAILING ADDRESS | | CORRECT MAJOR VIOLATIONS BY: immediately |
| INVENTORY TYPE 16F- 24 | SERVICE 03 | CORRECT MINOR VIOLATIONS BY: |

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 | | | | | | | 12. Proper procedures followed for returned and reserve of food | | | |
| | | | Food Safety Certificate Exp Date | | | | | | | 13. Food in good condition, safe and unadulterated | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | | | | | | | 14. Food contact surfaces: clean and sanitized | | | |
| | | | 2. Communicable disease; reporting, restrictions & exclusions | | | | FOOD FROM APPROVED SOURCES | | | | | | |
| | | | 3. No discharge from eyes, nose, and mouth | | | | | | | 15. Food obtained from approved source | | | |
| | | | 4. Proper eating, tasting, drinking or tobacco use | | | | | | | 16. Shell stock with completed tags, in good condition, properly stored/displayed | | | |
| √ | | | 5. Hands clean and properly washed; gloves used properly | | | | | | | 17. Compliance with Gulf Oyster Regulations | | | |
| | | | 6. Adequate handwashing facilities supplied & accessible | | | | SPECIAL PROCEDURES | | | | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | | | | | | | 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | |
| | | | 7. Proper hot and cold holding temperatures | | | | | | | 19. Consumer advisory provided for raw or undercooked foods | | | |
| | | | 8. Time as a public health control: Proper procedures & records | | | | | | | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered | | | |
| | | | 9. Proper cooling methods | √ | √ | √ | WATER & WASTE WATER | | | | | | |
| | | | 10. Proper cooking time & temperatures | | | | | | | 21. Hot and cold water available | | | |
| | | | 11. Proper reheating procedures for hot holding | | | | LIQUID WASTE DISPOSAL | | | | | | |
| MAJOR VIOLATION CHECK ONLY | | | | | | | | | | 22. Sewage and wastewater properly disposed | | | |
| RE-INSEPTION FEES APPLY TO SUBSEQUENT INSPECTIONS | | | | | | | VERMIN | | | | | | |
| | | | | | | OUT | | | | 23. No rodents, insects, birds, or animals | | | |
| SUPERVISION /PERSONAL CLEANLINESS | | | | | | | OUT | | | | | | |
| 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 | | | | | | |
| GENERAL FOOD SAFETY REQUIREMENTS | | | | | | | 40. Wiping cloths: properly used and stored | | | | | | |
| 26. Approved thawing methods used, frozen food maintained frozen. | | | | | | | PHYSICAL FACILITIES | | | | | | |
| 27. Food separated and protected | | | | | | | 41. Plumbing: Plumbing in good repair, proper backflow devices | | | | | | |
| 28. Fruits and vegetables washed as required. | | | | | | | 42. Garbage and refuse properly disposed; facilities maintained | | | | | | |
| 29. Toxic substances properly identified, stored, used | | | | | | | 43. Toilet facilities: properly constructed, supplied, cleaned | | | | | | |
| FOOD STORAGE/ DISPLAY/ SERVICE | | | | | | | 44. Premises; personal/cleaning items; vermin-proofing | | | | | | |
| 30. Food properly stored; food storage containers identified | | | | | | | PERMANENT FOOD FACILITIES | | | | | | |
| 31. Consumer self-service facilities properly constructed and maintained | | | | | | | 45. Floor, walls and ceilings: properly built, maintained in good repair, and clean | | | | | | |
| 32. Food properly labeled & honestly presented | | | | | | | 46. No unapproved private homes/ living or sleeping quarters | | | | | | |
| EQUIPMENT/ UTENSILS/ LINENS | | | | | | | SIGNS, MISC. REQUIREMENTS & ENFORCEMENT | | | | | | |
| 33. Nonfood contact surfaces clean and in good repair. | | | | | | | 47. Signs posted; last inspection report available | | | | | | |
| 34. Warewashing facilities: Adequate, maintained, properly used, test strips available | | | | | | | 48. Plan review required for new or remodel construction | | | | | | |
| 35. Equipment/ Utensils Approved; installed properly, clean; good repair, capacity | | | | | | | 49. Permits Available | | | | | | |
| 36. Equipment, utensils and linens: Properly stored and used | | | | | | | 50. Impoundment of unsanitary equipment or food | | | | | | |
| 37. Vending machines | | | | | | | 51. Permit Suspension | | | | | | |
| | | | | | | | 52. Other | | | | | | |

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| OBSERVATIONS AND CORRECTIVE ACTIONS: | | |
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| 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. <input type="checkbox"/> | 202 Mira Loma Drive Oroville, CA 95965 (530) 538-7281 or (530) 891-2727 FAX (530) 538-5339 www.buttecounty.net/publichealth/ | R.E.H.S. RECEIVED BY: Page 1 of 2 |

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| DBA/NAME Happy Day | DATE 9/24/08 |
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OBSERVATIONS AND CORRECTIVE ACTIONS

5- Observed food handler properly washing hands. Continue to monitor food handlers to ensure hands are properly cleaned whenever hands require cleaning (see #5 on back of this form for times hand washing is REQUIRED).

9- Observed tub of cooked rice (89°F-91°F, 2+ hours) improperly cooling at room temperature. Rice voluntarily discarded to trash during inspection. **Monitor food handlers to ensure all food to be cooled is placed *immediately* in walk-in refrigerator.**

MAJOR VIOLATION CHECK ONLY

RE-INSEPTION FEES APPLY TO SUBSEQUENT INSPECTIONS

Continue to correct other violations from report dated 9/10/08.