

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

| | | | |
|---|-------------------|-------------------------------------|--|
| DBA/NAME The Country Touch | | DATE 10/17/08 | |
| ADDRESS 6002 #C Clark Rd. Paradise, CA 95969 | | RECHECK DATE | |
| OWNER/OPERATOR | | SITE # 3211 | |
| MAILING ADDRESS | | CORRECT MAJOR VIOLATIONS BY: | |
| INVENTORY TYPE 16F - 15 | SERVICE 01 | 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 reservice of food | | | |
| | | | Food Safety Certificate Exp Date 3/13/2012 | | | | √ | | | 13. Food in good condition, safe and unadulterated | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | | | | | | | | | | |
| √ | | | 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 | | | | | | | | | | | | | |
| √ | | | 7. Proper hot and cold holding temperatures | | | | | | √ | 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | |
| | | √ | 8. Time as a public health control: Proper procedures & records | | | | | | √ | 19. Consumer advisory provided for raw or undercooked foods | | | |
| | | √ | 9. Proper cooling methods | | | | | | √ | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered | | | |
| | | √ | 10. Proper cooking time & temperatures | | | | √ | | | WATER & WASTE WATER | | | |
| | | √ | 11. Proper reheating procedures for hot holding | | | | | | | 21. Hot and cold water available Temp 118°F | | | |
| LIQUID WASTE DISPOSAL | | | | | | | | | | | | | |
| | | | | | | | √ | | | 22. Sewage and wastewater properly disposed | | | |
| VERMIN | | | | | | | | | | | | | |
| | | | | | | | √ | | | 23. No rodents, insects, birds, or animals | | | |
| SUPERVISION /PERSONAL CLEANLINESS | | | | | | OUT | | | | | | | OUT |
| 24. Person in charge present and performs duties | | | | | | | | | | | | | |
| 25. Personal cleanliness and hair restraints | | | | | | | | | | | | | |
| GENERAL FOOD SAFETY REQUIREMENTS | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| 39. Thermometers provided and accurate | | | | | | | | | | | | | |
| 40. Wiping cloths: properly used and stored | | | | | | | | | | | | | |
| PHYSICAL FACILITIES | | | | | | | | | | | | | |
| 41. Plumbing: Plumbing in good repair, proper backflow devices | | | | | | | | | | | | | |
| 42. Garbage and refuse properly disposed; facilities maintained | | | | | | | | | | | | | |
| 43. Toilet facilities: properly constructed, supplied, cleaned | | | | | | | | | | | | | |
| 44. Premises; personal/cleaning items; vermin-proofing | | | | | | | | | | | | | |
| PERMANENT FOOD FACILITIES | | | | | | | | | | | | | |
| 45. Floor, walls and ceilings: properly built, maintained in good repair, and clean | | | | | | | | | | | | | |
| 46. No unapproved private homes/ living or sleeping quarters | | | | | | | | | | | | | |
| SIGNS, MISC. REQUIREMENTS & ENFORCEMENT | | | | | | | | | | | | | |
| 47. Signs posted; last inspection report available | | | | | | | | | | | | | |
| 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:

****Observed No Violations****

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.

RECEIVED BY:

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