

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

| | | |
|--|-------------------|-------------------------------------|
| DBA/NAME Fir Street Gallery | | DATE 3/18/08 |
| ADDRESS 6256 Skyway, Paradise, CA 95969 | | RECHECK DATE |
| OWNER/OPERATOR Pam Funk | | SITE # 3276 |
| MAILING ADDRESS | | CORRECT MAJOR VIOLATIONS BY: |
| INVENTORY TYPE 16F- | 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 | | | | √ | | | 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 | | | | | | |
| | | | | | | | √ | | | 22. Sewage and wastewater properly disposed | | | |
| | | | | | | | VERMIN | | | | | | |
| | | | | | | | √ | | | 23. No rodents, insects, birds, or animals | | | |
| | | | | | | OUT | | | | | | | OUT |
| SUPERVISION /PERSONAL CLEANLINESS | | | | | | | 38. Adequate ventilation and lighting; designated areas, use | | | | | | |
| 24. Person in charge present and performs duties | | | | | | | 39. Thermometers provided and accurate | | | | | | |
| 25. Personal cleanliness and hair restraints | | | | | | | 40. Wiping cloths: properly used and stored | | | | | | |
| GENERAL FOOD SAFETY REQUIREMENTS | | | | | | | PHYSICAL FACILITIES | | | | | | |
| 26. Approved thawing methods used, frozen food maintained frozen. | | | | | | | 41. Plumbing: Plumbing in good repair, proper backflow devices | | | | | | |
| 27. Food separated and protected | | | | | | | 42. Garbage and refuse properly disposed; facilities maintained | | | | | | |
| 28. Fruits and vegetables washed as required. | | | | | | | 43. Toilet facilities: properly constructed, supplied, cleaned | | | | | | |
| 29. Toxic substances properly identified, stored, used | | | | | | | 44. Premises; personal/cleaning items; vermin-proofing | | | | | | |
| FOOD STORAGE/ DISPLAY/ SERVICE | | | | | | | PERMANENT FOOD FACILITIES | | | | | | |
| 30. Food properly stored; food storage containers identified | | | | | | | 45. Floor, walls and ceilings: properly built, maintained in good repair, and clean | | | | | | |
| 31. Consumer self-service facilities properly constructed and maintained | | | | | | | 46. No unapproved private homes/ living or sleeping quarters | | | | | | |
| 32. Food properly labeled & honestly presented | | | | | | | SIGNS, MISC. REQUIREMENTS & ENFORCEMENT | | | | | | |
| EQUIPMENT/ UTENSILS/ LINENS | | | | | | | 47. Signs posted; last inspection report available | | | | | | |
| 33. Nonfood contact surfaces clean and in good repair. | | | | | | | 48. Plan review required for new or remodel construction | | | | | | |
| 34. Warewashing facilities: Adequate, maintained, properly used, test strips available | | | | | | | 49. Permits Available | | | | | | |
| 35. Equipment/ Utensils Approved; installed properly, clean; good repair, capacity | | | | | | | 50. Impoundment of unsanitary equipment or food | | | | | | |
| 36. Equipment, utensils and linens: Properly stored and used | | | | | | | 51. Permit Suspension | | | | | | |
| 37. Vending machines | | | | | | | 52. Other | | | | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS:

49- This facility is operating without a Permit to Operate. Submit application and applicable fees to this Department.

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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