

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

| | | | |
|--|-------------------|--|--|
| DBA/NAME Dollar Tree #2140 | | DATE 11/06/08 | |
| ADDRESS 6626 Clark Rd. Paradise, CA | | RECHECK DATE | |
| OWNER/OPERATOR | | SITE # 3564 | |
| MAILING ADDRESS | | CORRECT MAJOR VIOLATIONS BY: | |
| INVENTORY TYPE 16F-15 | SERVICE 01 | CORRECT MINOR VIOLATIONS BY: 1 week | |

See reverse side for the California Retail Food 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. FSC Exp. Date: | | | | √ | | | 12. Proper procedures followed for returned and reservice of food | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | | | | | | | 13. Food in good condition, safe and unadulterated | | | |
| √ | | | 2. Communicable disease; reporting, restrictions & exclusions | | | | √ | | | 14. Food contact surfaces: clean and sanitized | | | |
| √ | | | 3. No discharge from eyes, nose, and mouth | | | | APPROVED SOURCE & SPECIAL PROCEDURES | | | | | | |
| √ | | | 4. Proper eating, tasting, drinking or tobacco use | | | | √ | | | 15. Food obtained from approved source | | | |
| √ | | | 5. Hands clean and properly washed; gloves used properly | | | | | | √ | 16. Shell stock with completed tags, in good condition, properly stored/displayed | | | |
| | | | 6. Adequate handwashing facilities supplied & accessible | | | √ | | | √ | 17. Compliance with Gulf Oyster Regulations | | | |
| TIME & TEMPERATURE RELATIONSHIPS | | | | | | | | | | 18. Compliance with variance, specialized process, & 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 | | | | √ | | | 22. Sewage and wastewater properly disposed | | | |
| | | | | | | | VERMIN | | | | | | |
| | | | | | | OUT | √ | | | 23. No rodents, insects, birds, or animals | | | 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:

6) Provide paper towels for paper towel dispenser in customer restroom.

30) Observed several boxes of food stored on floor throughout facility. Food items should be stored at least 6 inches off floor.

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.

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R.E.H.S.

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