

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

|   |                   |                                     |
|---|-------------------|-------------------------------------|
| <b>DBA/NAME</b> Bungalow Bar            |                   | <b>DATE</b> 11-6-09                 |
| <b>ADDRESS</b> 101 Virginia St, Gridley |                   | <b>RECHECK DATE</b>                 |
| <b>OWNER/OPERATOR</b>                   |                   | <b>SITE #</b> 4026                  |
| <b>MAILING ADDRESS</b>                  |                   | <b>CORRECT MAJOR VIOLATIONS BY:</b> |
| <b>INVENTORY TYPE</b> 16F- 23           | <b>SERVICE</b> 01 | <b>CORRECT MINOR VIOLATIONS BY:</b> |

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 |            |  |
| x   |     |     | 1. Demonstration of knowledge; food safety certification. FSC Exp. Date: 9-4-12 |  |  |     |     |   | x   |     |     | 12. Proper procedures followed for returned and reservice of food                           |     |     |     |            |  |
| <b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>   |     |     |   |  |  |     |     |   |   |     |     |   |     |     |     |            |  |
| x   |     |     | 2. Communicable disease; reporting, restrictions & exclusions                   |  |  |     |     |   |   |     |     | 14. Food contact surfaces: clean and sanitized  |     |     | x   |            |  |
| x   |     |     | 3. No discharge from eyes, nose, and mouth                                      |  |  |     |     |   | <b>APPROVED SOURCE &amp; SPECIAL PROCEDURES</b> |     |     |   |     |     |     |            |  |
| x   |     |     | 4. Proper eating, tasting, drinking or tobacco use                              |  |  |     |     |   | x   |     |     | 15. Food obtained from approved source  |     |     |     |            |  |
|   |     |     | 5. Hands clean and properly washed; gloves used properly                        |  |  | x   |     | x   |   |     | x   | 16. Shell stock with completed tags, in good condition, properly stored/displayed           |     |     |     |            |  |
|   |     |     | 6. Adequate handwashing facilities supplied & accessible                        |  |  | x   |     | x   |   |     | x   | 17. Compliance with Gulf Oyster Regulations   |     |     |     |            |  |
| <b>TIME &amp; TEMPERATURE RELATIONSHIPS</b>   |     |     |   |  |  |     |     |   |   |     |     |   |     |     |     |            |  |
| x   |     |     | 7. Proper hot and cold holding temperatures                                     |  |  |     |     |   |   |     | x   | 18. Compliance with variance, specialized process, & HACCP Plan                             |     |     |     |            |  |
|   |     | x   | 8. Time as a public health control: Proper procedures & records                 |  |  |     |     |   |   |     | x   | 19. Consumer advisory provided for raw or undercooked foods                                 |     |     |     |            |  |
|   |     | x   | 9. Proper cooling methods   |  |  |     |     |   |   |     | x   | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered |     |     |     |            |  |
| x   |     |     | 10. Proper cooking time & temperatures  |  |  |     |     |   | x   |     |     | <b>WATER &amp; WASTE WATER</b>  |     |     |     |            |  |
|   |     | x   | 11. Proper reheating procedures for hot holding                                 |  |  |     |     |   | x   |     |     | 21. Hot and cold water available  |     |     |     |            |  |
|   |     |     |   |  |  |     |     |   | x   |     |     | 22. Sewage and wastewater properly disposed   |     |     |     |            |  |
| <b>VERMIN</b>   |     |     |   |  |  |     |     |   |   |     |     |   |     |     |     |            |  |
|   |     |     |   |  |  |     |     |   | x   |     |     | 23. No rodents, insects, birds, or animals  |     |     |     |            |  |
|   |     |     |   |  |  |     |     | <b>OUT</b>  |   |     |     |   |     |     |     | <b>OUT</b> |  |
| <b>SUPERVISION /PERSONAL CLEANLINESS</b>  |     |     |   |  |  |     |     |   |   |     |     |   |     |     |     |            |  |
| 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  |   |     |     |   |     |     |     | x          |  |
| 25. Personal cleanliness and hair restraints  |     |     |   |  |  |     |     | 40. Wiping cloths: properly used and stored   |   |     |     |   |     |     |     |            |  |
| <b>GENERAL FOOD SAFETY REQUIREMENTS</b>   |     |     |   |  |  |     |     |   |   |     |     |   |     |     |     |            |  |
| 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                              |   |     |     |   |     |     |     | x          |  |
| <b>FOOD STORAGE/ DISPLAY/ SERVICE</b>   |     |     |   |  |  |     |     |   |   |     |     |   |     |     |     |            |  |
| 30. Food properly stored; food storage containers identified  |     |     |   |  |  |     |     | 45. Floor, walls and ceilings: properly built, maintained in good repair, and clean |   |     |     |   |     |     |     | x          |  |
| 31. Consumer self-service facilities properly constructed and maintained  |     |     |   |  |  |     |     | 46. No unapproved private homes/ living or sleeping quarters                        |   |     |     |   |     |     |     |            |  |
| 32. Food properly labeled & honestly presented  |     |     |   |  |  |     |     | 46. No unapproved private homes/ living or sleeping quarters                        |   |     |     |   |     |     |     |            |  |
| <b>EQUIPMENT/ UTENSILS/ LINENS</b>  |     |     |   |  |  |     |     |   |   |     |     |   |     |     |     |            |  |
| 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                                     |   |     |     |   |     |     |     | x          |  |
| 37. Vending machines  |     |     |   |  |  |     |     | 51. Permit Suspension   |   |     |     |   |     |     |     |            |  |
|   |     |     |   |  |  |     |     | 52. Other   |   |     |     |   |     |     |     |            |  |

**OBSERVATIONS AND CORRECTIVE ACTIONS:** 5- Bartender observed wearing rings while working—rings removed during inspection.  
 6- No soap in dispenser at front hand sink. Container of soap provided during inspection.  
 6, 14, 36- Utensils observed obstructing both hand sinks at beginning of inspection. Dishes reportedly washed at the beginning of the operating day. Dishes shall be washed during the operating day (ie: evening shift), after use so that food debris does not dry onto dishes.  
 30- Provide washable, non-absorbent containers for storage of bags of food in freezer rather than using cardboard boxes.  
 35- Clean bottom of beer cooler of residues, etc.  
 39- Provide thermometers in small storage freezer also in glass freezer (some food observed in glass freezer).  
 44- Exterior doors left open—several flies observed in facility. Doors closed during inspection. Provide screen doors or air curtains over doors if doors are to be left open.

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