

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

| | | | |
|---|-------------------|-------------------------------------|--|
| DBA/NAME Stan's RV Park Lounge | | DATE 5-22-08 | |
| ADDRESS 280 Fairview Dr, Gridley | | RECHECK DATE | |
| OWNER/OPERATOR | | SITE # 4086 | |
| MAILING ADDRESS | | CORRECT MAJOR VIOLATIONS BY: | |
| INVENTORY TYPE 16F- 23 | 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 |
| | x | | 1. Demonstration of knowledge; food safety certification | | | | x | | | 12. Proper procedures followed for returned and reservice of food | | | |
| | | | Food Safety Certificate Exp Date _____ | | | | x | | | 13. Food in good condition, safe and unadulterated | | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | | | | | | | | | | |
| x | | | 2. Communicable disease; reporting, restrictions & exclusions | | | | FOOD FROM APPROVED SOURCES | | | | | | |
| x | | | 3. No discharge from eyes, nose, and mouth | | | | x | | | 15. Food obtained from approved source | | | |
| x | | | 4. Proper eating, tasting, drinking or tobacco use | | | | | | x | 16. Shell stock with completed tags, in good condition, properly stored/displayed | | | |
| x | | | 5. Hands clean and properly washed; gloves used properly | | | | | | x | 17. Compliance with Gulf Oyster Regulations | | | |
| x | | | 6. Adequate handwashing facilities supplied & accessible | | | | SPECIAL PROCEDURES | | | | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | | | | | | | | | | |
| x | | | 7. Proper hot and cold holding temperatures | | | | | | x | 18. Compliance with variance, specialized process, reduced oxygen packaging, & 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 | | | | WATER & WASTE WATER | | | | | | |
| | | x | 11. Proper reheating procedures for hot holding | | | | x | | | 21. Hot and cold water available | | | |
| LIQUID WASTE DISPOSAL | | | | | | | | | | | | | |
| | | | | | | | x | | | 22. Sewage and wastewater properly disposed | | | |
| VERMIN | | | | | | | | | | | | | |
| | | | | | | | x | | | 23. No rodents, insects, birds, or animals | | | |
| SUPERVISION /PERSONAL CLEANLINESS | | | | | | OUT | | | | | | | 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 | | | | | | | | | | | | | |
| | | | 26. Approved thawing methods used, frozen food maintained frozen. | | | | 40. Wiping cloths: properly used and stored | | | | | | |
| | | | 27. Food separated and protected | | | | PHYSICAL FACILITIES | | | | | | |
| | | | 28. Fruits and vegetables washed as required. | | | | 41. Plumbing: Plumbing in good repair, proper backflow devices | | | | | | |
| | | | 29. Toxic substances properly identified, stored, used | | | | 42. Garbage and refuse properly disposed; facilities maintained | | | | | | |
| | | | 30. Food properly stored; food storage containers identified | | | | 43. Toilet facilities: properly constructed, supplied, cleaned | | | | | | |
| | | | 31. Consumer self-service facilities properly constructed and maintained | | | | 44. Premises; personal/cleaning items; vermin-proofing | | | | | | |
| | | | 32. Food properly labeled & honestly presented | | | | 45. Floor, walls and ceilings: properly built, maintained in good repair, and clean | | | | | | |
| FOOD STORAGE/ DISPLAY/ SERVICE | | | | | | | | | | | | | |
| | | | 33. Nonfood contact surfaces clean and in good repair. | | | x | PERMANENT FOOD FACILITIES | | | | | | |
| | | | 34. Warewashing facilities: Adequate, maintained, properly used, test strips available | | | x | 46. No unapproved private homes/ living or sleeping quarters | | | | | | |
| | | | 35. Equipment/ Utensils Approved; installed properly, clean; good repair, capacity | | | x | SIGNS, MISC. REQUIREMENTS & ENFORCEMENT | | | | | | |
| | | | 36. Equipment, utensils and linens: Properly stored and used | | | | 47. Signs posted; last inspection report available | | | | | | |
| | | | 37. Vending machines | | | | 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:

See second page.

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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OBSERVATIONS AND CORRECTIVE ACTIONS

- 1- No food safety certificate available at time of inspection. Fax copy of current food safety certificate to this Dept. (include name of facility on fax).
- 14- Clean beverage gun holder of misc. residues.
- 33- Finish/ seal unfinished wood shelf under microwave oven.
- 34- No test papers available for checking sanitizer in sanitizing compartment of utensil sink.
- 35- a) Replace/ refinish rusted areas of upright storage refrigerator so as to be smooth, easily cleanable, non-absorbent and in good repair. Remove wood under refrigerator leg.
 - b) Remove/ replace domestic microwave oven and coffee maker.
 - c) Remove reportedly unused self-serve hot dog cooker.
- 44- a) Replace missing screen in window behind bar. Keep back door closed.