



Date of Inspection: 10/10/19

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|--|-------------------------------|-------------------------------------|
| Facility Name: <u>FEATHER RIVER COLLEGE</u> | Phone Number: <u>283-0202</u> | PR ID #: <u>129</u> |
| Facility Site Address: <u>570 Golden Eagle Ave</u> | City: <u>Quincy</u> | Zip: <u>95971</u> |
| Permit #: <u>19-096</u> | Exp Date: <u>6/1/2020</u> | Permit Holder: <u>Feather River</u> |
| | | Type of Inspection: <u>ROUTINE</u> |

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 COS = Corrected on-site MAJ = Major violation OUT=Out of Compliance

| In | N/O-N/A | | COS | MAJ | OUT |
|---|-------------------------------------|---|--------------------------|-----|-----|
| DEMONSTRATION OF KNOWLEDGE | | | | | |
| <input checked="" type="checkbox"/> | | 1. Demonstration of knowledge; food safety certification | | | |
| | | Food Safety Cert Name: <u>Lowell Siwundhla</u> | Exp. Date <u>6/19/22</u> | | |
| EMPLOYEE HEALTH & HYGIENIC PRACTICES | | | | | |
| <input checked="" type="checkbox"/> | | 2. Communicable disease; reporting, restrictions & exclusions | | | |
| <input checked="" type="checkbox"/> | | 3. No discharge from eyes, nose, and mouth | | | |
| <input checked="" type="checkbox"/> | | 4. Proper eating, tasting, drinking or tobacco use | | | |
| PREVENTING CONTAMINATION BY HANDS | | | | | |
| <input checked="" type="checkbox"/> | | 5. Hands clean and properly washed; gloves used properly | | | |
| <input checked="" type="checkbox"/> | | 6. Adequate handwashing facilities supplied & accessible | | | |
| TIME AND TEMPERATURE RELATIONSHIPS | | | | | |
| <input checked="" type="checkbox"/> | | 7. Proper hot and cold holding temperatures | | | |
| | <input checked="" type="checkbox"/> | 8. Time as a public health control; procedures & records | | | |
| <input checked="" type="checkbox"/> | | 9. Proper cooling methods | | | |
| <input checked="" type="checkbox"/> | | 10. Proper cooking time & temperatures | | | |
| | <input checked="" type="checkbox"/> | 11. Proper reheating procedures for hot holding | | | |
| PROTECTION FROM CONTAMINATION | | | | | |
| | <input checked="" type="checkbox"/> | 12. Returned and re-service of food | | | |
| <input checked="" type="checkbox"/> | | 13. Food in good condition, safe and unadulterated | | | |
| <input checked="" type="checkbox"/> | | 14. Food contact surfaces: clean and sanitized | | | |

| In | N/O-N/A | | COS | MAJ | OUT |
|---|-------------------------------------|---|-----|-----|-----|
| FOOD FROM APPROVED SOURCES | | | | | |
| <input checked="" type="checkbox"/> | | 15. Food obtained from approved source | | | |
| | <input checked="" type="checkbox"/> | 16. Compliance with shell stock tags, condition, display | | | |
| | <input checked="" type="checkbox"/> | 17. Compliance with Gulf Oyster Regulations | | | |
| CONFORMANCE WITH APPROVED PROCEDURES | | | | | |
| | <input checked="" type="checkbox"/> | 18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan | | | |
| CONSUMER ADVISORY | | | | | |
| | <input checked="" type="checkbox"/> | 19. Consumer advisory provided for raw or undercooked foods | | | |
| Highly Susceptible Populations | | | | | |
| | <input checked="" type="checkbox"/> | 20. Licensed health care facilities/ public & private schools; prohibited foods not offered | | | |
| WATER/HOT WATER | | | | | |
| <input checked="" type="checkbox"/> | | 21. Hot and cold water available | | | |
| | | Temp <u>170°F</u> | | | |
| LIQUID WASTE DISPOSAL | | | | | |
| <input checked="" type="checkbox"/> | | 22. Sewage and wastewater properly disposed | | | |
| VERMIN | | | | | |
| <input checked="" type="checkbox"/> | | 23. No rodents, insects, birds, or animals | | | |

| | OUT |
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| SUPERVISION | |
| 24. Person in charge present and performs duties | |
| PERSONAL CLEANLINESS | |
| 25. Personal cleanliness and hair restraints | |
| GENERAL FOOD SAFETY REQUIREMENTS | |
| 26. Approved thawing methods used, frozen food | |
| 27. Food separated and protected | |
| 28. Washing fruits and vegetables | |
| 29. Toxic substances properly identified, stored, used | |
| FOOD STORAGE/ DISPLAY/ SERVICE | |
| 30. Food storage; food storage containers identified | |
| 31. Consumer self-service | |
| 32. Food properly labeled & honestly presented | |
| EQUIPMENT/ UTENSILS/ LINENS | |
| 33. Nonfood contact surfaces clean | |
| 34. Warewashing facilities: installed, maintained, used; test strips | <input checked="" type="checkbox"/> |
| 35. Equipment/ Utensils approved; installed; clean; good repair, capacity | |
| 36. Equipment, utensils and linens: storage and use | |
| 37. Vending machines | |
| 38. Adequate ventilation and lighting; designated areas, use | |

| | OUT |
|---|-----|
| 39. Thermometers provided and accurate | |
| 40. Wiping cloths: properly used and stored | |
| PHYSICAL FACILITIES | |
| 41. Plumbing: 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: built, maintained, and clean | |
| 46. No unapproved private homes/ living or sleeping quarters | |
| SIGNS/ REQUIREMENTS | |
| 47. Signs posted; last inspection report available | |
| COMPLIANCE & ENFORCEMENT | |
| 48. Plan Review | |
| 49. Permits Available | |
| 50. Impoundment | |
| 51. Permit Suspension | |

| | |
|--|---|
| Received by (Print) <u>Sean Conry</u> | Title |
| Received by (Signature) <u>[Signature]</u> | |
| Specialist (Print) <u>Eric Cambao</u> | Specialist (Signature) <u>[Signature]</u> |
| Re-inspection Date: <u>next routine</u> | |

* Routinely thaw/defrost reach in refrigerator.

Facility Name:

Feather River College

PR

FAID # 129

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OBSERVATIONS AND CORRECTIVE ACTIONS

34. Use test strips to test chlorine residual regularly. Observed dishwashing machine at less than 10 PPM chlorine residual. Maintain dishwashing machine to greater than 50 PPM chlorine residual. Corrected at time of inspection.

Received by (Print)

Sean Conry

Title

Received by (Signature)

Specialist (Print)

Eric Canbo

Specialist (Signature)



Re-inspection Date:

next routine