



Food Program Official Inspection Report

Name of Facility: SAFEWAY FUEL CENTER #2707	Date: 08/31/2022
Address: 6425 N PACIFIC AVE, STOCKTON 95207	
Owner/Operator: SAFEWAY, INC.	Telephone: (925) 469-7000
Program Element: 1615 - RETAIL MKT 301-2000 SQ FT (PREPKGD/LTD PREP)	
Inspection Type: ROUTINE INSPECTION - Operating Permit	

VIOLATIONS AND CORRECTIVE ACTIONS

Items listed on this report as violations do not meet the requirements set forth in the California Health and Safety Code commencing with section 7; 113700. All violations must be corrected within specified timeframe. *Violations that are classified as "MAJOR" pose an immediate threat to public health and have the potential to cause foodborne illness. All major violations must be corrected immediately. Non-compliance may warrant immediate closure of the food facility.*

#21 Hot and Cold Potable Water Not Available

OBSERVATIONS: The warm water at the restroom hand sink was observed at 98 F. Adjust hot water heater so that warm water at the restroom hand sink is a minimum of 100 F.

CALCODE DESCRIPTION: An adequate, protected, pressurized, potable supply of hot water and cold water shall be provided at all times. (113953(c), 114099.2(b) 114101(a), 114189, 114192, 114192.1, 114195)

#35 Equipment/Utensils Approved and in Good Repair

OBSERVATIONS: Quat sanitizer dispenser at three compartment sink was not dispensing sanitizer. Repair sanitizer dispenser so that it is in good working order. Correct today.

CALCODE DESCRIPTION: All utensils and equipment shall be fully operative and in good repair. (114175). All utensils and equipment shall be approved, installed properly, and meet applicable standards. (114130, 114130.1, 114130.2, 114130.3, 114130.4, 114130.5, 114132, 114133, 114137, 114139, 114153, 114155, 114163, 114165, 114167, 114169, 114172, 114177, 114180, 114182)

#41 Plumbing Maintained; Approved Back Flow Device

OBSERVATIONS: The three compartment sink was observed with a leaky faucet. Repair faucet so that it is in good working order within two weeks.

CALCODE DESCRIPTION: The potable water supply shall be protected with a backflow or back siphonage protection device, as required by applicable plumbing codes. (114192) All plumbing and plumbing fixtures shall be installed in compliance with local plumbing ordinances, shall be maintained so as to prevent any contamination, and shall be kept clean, fully operative, and in good repair. Any hose used for conveying potable water shall be of approved materials, labeled, properly stored, and used for no other purpose. (114171, 114189.1, 114190, 114193, 114193.1, 114199, 114201, 114269)



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Facility Name and Address: **SAFEWAY FUEL CENTER #2707, 6425 N PACIFIC AVE, STOCKTON 95207****#47 Signs Posted; Last Inspection Report Available**

OBSERVATIONS: The current permit was not accessible during the inspection. Obtain and maintain the most recent permit on-site at all times. Correct today.

CALCODE DESCRIPTION: Handwashing signs shall be posted in each toilet room, directing attention to the need to thoroughly wash hands after using the restroom (113953.5) (b) No smoking signs shall be posted in food preparation, food storage, warewashing, and utensil storage areas (113978). (c) Consumers shall be notified that clean tableware is to be used when they return to self-service areas such as salad bars and buffets. (d) Any food facility constructed before January 1, 2004, without public toilet facilities, shall prominently post a sign within the food facility in a public area stating that toilet facilities are not provided (113725.1, 114381 (e)). Proper posting of nutritional information at facilities with 20 or more chains in California (114094).

OVERALL INSPECTION NOTES AND COMMENTS

OBSERVATIONS

Name on Food Safety Certificate: _____

Expiration Date: _____

Warewash

Chlorine (Cl): _____ ppm

Heat: _____ ° F

Water/Hot Water

Ware Sink Temp: 122 ° FQuaternary Ammonia (QA): 200 ppm

Hand Sink Temp: _____ ° F

FOOD ITEM -- LOCATION -- TEMP ° F -- COMMENTS

Mop sink -- 126.00° F

Two door reach-in cooler -- 41.00° F

NOTES

Routine inspection. No major violations identified. Time was given for correction of minor violations. No re-inspection.

Discussed report with Caroline Castillo (Cashier). Official inspection report was emailed to the operator.

Maintain a copy of official inspection report on-site.

To minimize person-to-person contact, the signature of the person receiving the inspection report was not captured.

The person in charge is responsible for ensuring that the above mentioned facility is in compliance with all applicable sections of the California Health and Safety Code. If a reinspection is required, fees will be assessed at the current hourly rate.

Received by: _____

Name and Title: _____

EH Specialist: LYDIA BAKERPhone: (209) 616-3046