



Food Facility

Official Inspection Report

Division of Environmental Health
 100 H Street, Suite 100, Eureka CA 95501
 707-445-6215 - Toll Free: 800-963-9241
 Fax: 707-441-5699 envhealth@co.humboldt.ca.us

Date: 3/21/25	Page 1 of 2
Time In: 9:45 AM	
Time Out: 11:25 AM	

Facility Name: Fourth Street Market + Deli	Address: 781 Samoa Blvd	City: Arcata
Permit Expiration Date: 1/30/25	Permit Holder: Toheed Ahmad	Permit Category: Full prep
Type of Inspection:		<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> New Facility <input type="checkbox"/> Billable Reinspection <input type="checkbox"/> Plan Review <input type="checkbox"/> Change of Owner

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 = Items not in compliance

MAJOR VIOLATIONS

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

Code	Description	COS	MAJ	OUT
DEMONSTRATION OF KNOWLEDGE				
In N/O	01. Demonstration of knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In N/O	02. Food safety certification, food handler card compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Safety Certification Name: Joan Porter Exp. Date: 2/17/24				
EMPLOYEE HEALTH AND HYGIENIC PRACTICES				
In	03. Communicable disease; reporting, restrictions, and exclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In N/O	04. No discharge from eyes, nose, or mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In N/O	05. Proper eating, tasting, drinking, tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREVENTING CONTAMINATION BY HANDS				
In N/O	06. Hands clean and properly washed; gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In	07. Adequate handwash facilities supplied and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TIME AND TEMPERATURE RELATIONSHIPS				
In N/O N/A	08. Proper hot and cold holding temperatures (°F)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
41 Cold Temp 135 Hot Temp				
In N/O N/A	09. Time as public health control; procedures and records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In N/O N/A	10. Proper cooling methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In N/O N/A	11. Proper cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In N/O N/A	12. Proper reheating procedures for hot-holding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Code	Description	COS	MAJ	OUT
PROTECTION FROM CONTAMINATION				
In N/O N/A	13. Returned and reserve of food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In N/O N/A	14. Food in good condition; safe and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In N/O N/A	15. Food contact surfaces: clean and sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitizer Type: <input checked="" type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonium <input type="checkbox"/> Hot Water <input type="checkbox"/> Other				
Sanitizer Concentration: 100 (ppm) Temp: °F				
FOOD FROM APPROVED SOURCES				
In	16. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In N/O N/A	17. Compliance with shell stock tags, condition, display	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In N/O N/A	18. Compliance with Gulf Oyster Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONFORMANCE WITH APPROVED PROCEDURES				
In N/O N/A	19. Compliance with variance, specialized process, reduced oxygen packaging, HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONSUMER ADVISORY				
In N/O N/A	20. Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIGHLY SUSCEPTIBLE POPULATIONS				
In N/O N/A	21. Licensed Health Care Facilities, public and private Schools; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER, HOT WATER				
In	22. Potable hot (120°F) and cold water available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temp 121 °F				
LIQUID WASTE DISPOSAL				
In	23. Sewage and wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VERMIN				
In	24. No rodents, insects, birds, or animals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

MINOR VIOLATIONS

Code	Description	COS	MAJ	OUT
SUPERVISION				
	25. Person in charge present and performs duties			<input type="checkbox"/>
PERSONAL CLEANLINESS				
	26. Personal cleanliness and hair restraints			<input type="checkbox"/>
GENERAL FOOD SAFETY REQUIREMENTS				
	27. Approved thawing methods used; frozen food			<input type="checkbox"/>
	28. Food separated and protected			<input type="checkbox"/>
	29. Washing fruits and vegetables			<input type="checkbox"/>
	30. Toxic substances properly identified, stored, used			<input type="checkbox"/>
FOOD STORAGE, DISPLAY, SERVICE				
	31. Food storage; food storage containers identified			<input type="checkbox"/>
	32. Consumer self-service			<input type="checkbox"/>
	33. Food properly labeled and honestly presented			<input type="checkbox"/>
EQUIPMENT, UTENSILS, LINENS				
	34. Non-food-contact surfaces clean			<input type="checkbox"/>
	35. Warewashing: installed, maintained, used. Adequate Means to measure sanitizer			<input type="checkbox"/>
	36. Equipment and Utensils approved; installed, clean, good repair, and capacity			<input type="checkbox"/>
	37. Equipment, utensils and linens: storage and use			<input type="checkbox"/>
	38. Adequate ventilation and lighting, designated areas, use			<input type="checkbox"/>
	39. Thermometers provided and accurate			<input type="checkbox"/>
	40. Wiping cloths: properly used and stored			<input type="checkbox"/>
	AB 1276. Single-Use foodware by customer request			<input type="checkbox"/>

Code	Description	COS	MAJ	OUT
PHYSICAL FACILITIES				
	41. Plumbing: proper backflow devices			<input type="checkbox"/>
	42. Garbage and refuse properly disposed; facilities maintained			<input type="checkbox"/>
	43. Toilet facilities: properly constructed, supplied, cleaned			<input type="checkbox"/>
	44. Premises; personal or cleaning items; vermin-proofing			<input type="checkbox"/>
PERMANENT FOOD FACILITIES				
	45. Floor, walls, and ceilings: constructed, maintained, clean			<input checked="" type="checkbox"/>
	46. No unapproved private homes, living or sleeping quarters			<input type="checkbox"/>
	47. Vending machines			<input type="checkbox"/>
SIGNS, REQUIREMENTS				
	48. Signs posted, last inspection report available			<input type="checkbox"/>
COMPLIANCE, ENFORCEMENT				
	49. Plan Review			<input type="checkbox"/>
	50. Valid Facility Permit: expiration date, proper operation category			<input type="checkbox"/>
	51. Impoundment			<input type="checkbox"/>
	52. Permit Suspension - Facility Closed			<input checked="" type="checkbox"/>
	Reinspection Fee Assessed: \$			<input type="checkbox"/>

Received by (signature):	Title:	Reinspection Date: Call when ready
Received by (print):	Inspector ID: 81	



Division of Environmental Health
 100 H Street, Suite 100, Eureka CA 95501
 707-445-6215 - Toll Free: 800-963-9241
 Fax: 707-441-5699 envhealth@co.humboldt.ca.us

Food Facility

Official Inspection Report

Date: 3/21/25	Page 2 of 2
Time In: 9:45 AM	
Time Out: 11:25 AM	

Facility Name: <i>Fourth Street Market + Deli</i>	Address: <i>781 Samoa Blvd Arcata</i>	City: <i>Arcata</i>
Permit Expiration Date: <i>6/30/25</i>	Permit Holder: <i>Toheed Ahmed</i>	Permit Category: <i>Full prep</i>
Type of Inspection: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> New Facility <input type="checkbox"/> Billable Reinspection <input type="checkbox"/> Plan Review <input type="checkbox"/> Change of Owner		

TEMPERATURE CONTROL				NO PHF <input type="checkbox"/>					
Documentation required for all facilities with PHF									
Type of Food	Temp (°F)	Temp Violation (✓)	Process/Holding Location	Food Discarded (Amount)	Type of Food	Temp (°F)	Temp Violation (✓)	Process/Holding Location	Food Discarded (Amount)
<i>Sausage patty</i>	<i>63</i>	<i>✓</i>	<i>Counter</i>	<i>all</i>	<i>Salami</i>	<i>31e</i>		<i>Sandwich prep</i>	
<i>raw shell eggs</i>	<i>57-61</i>	<i>✓</i>	<i>↓</i>	<i>↓</i>	<i>Delimant</i>	<i>40</i>		<i>Walk in</i>	
<i>Sausage patties</i>	<i>77</i>	<i>✓</i>	<i>↓</i>	<i>↓</i>					

OBSERVATIONS AND CORRECTIVE ACTIONS

#8 Measured pre-cooked Sausage patties & raw shell eggs 57°F - 63°F stored on the counters, lacking time labels. Maintain Potentially Hazardous Foods (PHF) at/below 41°F, at/above 135°F, or at any temperature if time labeled & discarded after 4 hours. Foods were voluntarily discarded.

#24 Observed cockroach droppings dead cockroach bodies & two (2) live adult German cockroaches in deli cabinet. Increase cleaning, vermin-proofing & professional pest control efforts to exclude insects from the facility.

#45 Observed floors in disrepair in deli prep & kitchen areas. Observed grease accumulation, food debris & moisture in various locations. Repair/replace structural deficiencies to provide surfaces that are smooth, durable, nonabsorbent & easy to clean. Clean floors, maintain clean & dry to prevent potential food & water source to vermin.

#52 Due to active cockroach infestation, this facility is closed & permit suspended by this office. All food prep & sales shall stop until permit is reinstated. At any time within (15) FIFTEEN calendar days, the permit holder may request in writing a hearing before a hearing officer to show cause why the permit suspension is not warranted.

Received by (signature): 	Title:	Reinspection Date: <i>Call when ready</i>
Received by (print):	Inspector ID: <i>81</i>	

*The above major violations must be corrected by _____. A reinspection may be conducted and a reinspection fee of \$ _____ assessed, as authorized by current County ordinance. This fee may be waived if a mailed or faxed receipt or other satisfactory documentation showing proof of the correction or repair is received prior to the compliance date. The local building official may require a permit for above corrections. Please contact the appropriate office for assistance.