OD FACILITY INSPECTION REF RT GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

225 N. Tehama Street, Willows, CA 95988 Phone (530) 934-6102 FAX (530) 934-6103 Page 1 of ____

| Name of Facility/ DBA: | | | | | | | Inspection Date: | | | |
|--|--|---|---------------|-----------|--|--|--|--------|-----|--|
| Papa Murphy's PIBBA | | | | | | | Reinspection Date (on or after): | | | |
| 123 E. Walker St. Orland CA 95963 | | | | | | | (Reinspections are subject to fees) ecfan | | | |
| Owner/Permitee: Phor | | | | | | | Inspection Time: Permit Exp. Date: | | | |
| Devindes | Devinder Dhesi et al- Certified Food Handler: | | | | | 3.83 | 4:00pm | | | |
| | | | | | | Certificate Expiration Date: (Certificate expires five years after it is i | | | | |
| Service: Roo | utina Inco | Shugga pection Desinspection Cor | | | | | | ssued) | | |
| Applicable Law CALIFO | DRNIA RE | pection DR\(\delta\)inspection DCor TAIL FOOD CODE ("CalCode), Beginning w | | 113700 | California | | Other: | | | |
| | | | | 113700, (| canjornia | Treatin and Sajety Code | (See reverse side of sheet for summary) | | | |
| In = In complia | | N/A = Not Applicable N/O = Not Obs Critical Risk Factors for Disease | served Mai | 1 | Major vio | olation Out = Iten | ns not in compliance COS = Correct | | | |
| (In) | | Demonstration of knowledge | | Out | COS | 24. Person in chars | ge present and performs duties | Out | COS | |
| In | | Communicable disease restrictions | | | | | 25. Personal cleanliness and hair restraints | | | |
| In N/O | | Discharge of eyes, nose, mouth Eating, tasting, drinking, tobacco use | | | - | | Approved thawing methods used | | | |
| In N/O | 5. Har | | | - | | Food separated and protected Washing fruits and vegetables | | | | |
| Jan | 6. Har | Handwashing facilities available Proper hot and cold food holding temps | | | | 29. Toxic substanc | es properly identified, stored and used | | | |
| In SN/A N/O | | | | | | storage, 31. Self service, 32. Labeled | | | | |
| In N/A N/O | Time as a public health control, records Proper cooling methods | | | | | 33. Nonfood contact | ct surfaces clean Cacilities maintained, test strips | | | |
| In N/A N/O | 10. Pro | | | | | nsils, approved, clean good repair | X | | | |
| In N/A N/O | 11. Rel | | | | 36. Equipment, ute | pment, utensils and linens, storage and use | | | | |
| In N/A N/O | 12. Ret | | | | 37. Vending Machi | | | | | |
| In N/A N/O | 14. Foo | | | | 38. Adequate ventilation and lighting 39. Thermometers provided and accurate | | | | | |
| In | 15. Foo | | | | 40. Wiping cloths properly used and stored | | | | | |
| In (N/A) N/O In (N/A) N/O | 16. She | | | | 41. Plumbing, proper backflow prevention | | | | | |
| In N/A N/O | Compliance with HACCP plan Advisory for raw/undercooked food | | | | | 42. Garbage properly disposed; facilities maintained 43. Toilet facilities supplied, properly constructed, clean | | | | |
| In (N/A) | 20. Health care/ School prohibited food | | | | | 44. Premises clean, vermin proof; personal items separate | | | | |
| [In] | 21. Hot & cold water. Temp:) 20 °F | | | | | 45. Floors, walls and ceilings maintained and clean | | | | |
| In In | 22. Wastewater properly disposed 23. No rodents, insects, birds, animals | | | | | 46. No unapproved living or sleeping quarters | | | | |
| 23. No fodents, filsects, birds, animals | | | | | | 47. Signs posted; Permit & inspection report available 48. Plan Review Required | | | | |
| | | | • | | | | | | | |
| No PHF [] | | (%) | | | | | | | | |
| °F Food | Food Location | | | °F | | Food | Location | | | |
| 40 Peppero | Pepperoni Pizza Prop Looler | | | HI | Can | adian Bacon | walk-in booles | | | |
| 41 Cut Toma | +0 | | | | | | | | | |
| | | | | | | | | | | |
| | | 9 | | | | | | | - | |
| | | | | | | | 25-000 | | | |
| Comments: | | | | | | | | | | |
| Repair | le | ight side of | | ba | iou | 11 to be | uket in botton | 1 | | |
| 1, | | . 1. 1) . 1 0 | | , | (| | | | | |
| partia | (7 | Tant side at | PI | 230 | PT | To cool | es. | | | |
| | | | - | | | | | | | |
| ž. | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Dagging Da 4 | 11 | 11.11 | | | CIIC | 1 1 | H. Wells | | | |
| Received By | N | TALL | | K | CH2: | John | n- weus | | | |