

FOOD FACILITY INSPECTION REPORT
GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

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

| | | |
|---|------------|--|
| Name of Facility/ DBA: Freeway Bottle Shop | | Inspection Date: 2/22/23 |
| Address: 1212 W. WOOD | | Reinspection Date (on or after): Next inspection <small>(Reinspections are subject to fees)</small> |
| Owner/Permitee: Elias CHALAB | Phone No.: | Inspection Time: 3:00 pm Permit Exp. Date: |
| Certified Food Handler: Pre packaged only | | Certificate Expiration Date: <small>(Certificate expires five years after it is issued)</small> |
| Service: <input type="checkbox"/> Routine Inspection <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> Construction/Pre-opening <input type="checkbox"/> Other: | | |
| Applicable Law CALIFORNIA RETAIL FOOD CODE ("CalCode) , Beginning with section 113700, California Health and Safety Code (See reverse side of sheet for summary) | | |

| In = In compliance | | N/A = Not Applicable | | N/O = Not Observed | | Maj = Major violation | | Out = Items not in compliance | | COS = Corrected On Site | |
|-----------------------------------|-----|----------------------|--|--------------------|--|-----------------------|-----|-------------------------------|---|-------------------------|-----|
| Critical Risk Factors for Disease | | | | | | Maj | Out | COS | | | |
| In | | | | | | | | | 24. Person in charge present and performs duties | Out | COS |
| In | | | | | | | | | 25. Personal cleanliness and hair restraints | | |
| In | N/O | | | | | | | | 26. Approved thawing methods used | | |
| In | N/O | | | | | | | | 27. Food separated and protected | | |
| In | N/O | | | | | | | | 28. Washing fruits and vegetables | | |
| In | | | | | | | | | 29. Toxic substances properly identified, stored and used | | |
| In | N/A | N/O | | | | | | | 30. Food storage, 31. Self service, 32. Labeled | | |
| In | N/A | | | | | | | | 33. Nonfood contact surfaces clean | | |
| In | N/A | N/O | | | | | | | 34. Warewashing facilities maintained, test strips | | |
| In | N/A | N/O | | | | | | | 35. Equipment, utensils, approved, clean good repair | | |
| In | N/A | N/O | | | | | | | 36. Equipment, utensils and linens, storage and use | | |
| In | N/A | N/O | | | | | | | 37. Vending Machines | | |
| In | | | | | | | | | 38. Adequate ventilation and lighting | | |
| In | N/A | N/O | | | | | | | 39. Thermometers provided and accurate | | |
| In | | | | | | | | | 40. Wiping cloths properly used and stored | | |
| In | N/A | N/O | | | | | | | 41. Plumbing, proper backflow prevention | | |
| In | N/A | N/O | | | | | | | 42. Garbage properly disposed; facilities maintained | | |
| In | N/A | N/O | | | | | | | 43. Toilet facilities supplied, properly constructed, clean | | |
| In | N/A | N/O | | | | | | | 44. Premises clean, vermin proof; personal items separate | X | |
| In | | | | | | | | | 45. Floors, walls and ceilings maintained and clean | | |
| In | | | | | | | | | 46. No unapproved living or sleeping quarters | | |
| In | | | | | | | | | 47. Signs posted; Permit & inspection report available | | |
| In | | | | | | | | | 48. Plan Review Required | | |

| No PHF <input checked="" type="checkbox"/> | | | | | |
|--|------|----------|----|------|----------|
| °F | Food | Location | °F | Food | Location |
| | | | | | |
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Comments: **NO CRITICAL VIOLATIONS**

(LKI) ALL BROKEN, UN-USED EQUIPMENT & APPLIANCES MUST BE REMOVED FROM THE FOOD FACILITY AS THESE BECOME HOME FOR PEST & VERMIN

Received By: REHS: **Jay BHAKTA**