# FOOD FACILITY INSPECTION REPORT GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

|   | GLL   |  |     | ,          |  | , CA 95988<br>(0) 934-6103                          | I  | Page 1 of_  | 1   | _   |  |
|---|---|--|-----|------------|--|---|--|-------------|-----|-----|--|
| Phone (530) 934-6102 FAX (530) 934-6103  Name of Facility/ DBA: Inspe   |   |  |     |            |  |   |  |             |     |     |  |
| 4th Street Cate   |   |  |     |            |  |   | 4/22/22  |             |     |     |  |
| Address:  |   |  |     |            |  |   | Reinspection Date (on or after):   |             |     |     |  |
| 824 Fourth St. Orland, CA 95963   |   |  |     |            |  |   | (Reinspections are subject to fees)  |             |     |     |  |
| Owner/Permitee: Phone N   |   |  |     |            | D.: Inspection Time: Permit Exp. Date:   |   |  |             |     |     |  |
| Julie Van Tol 1988  |   |  |     |            | -9030 11:15 am   |   |  |             |     |     |  |
| Certified Food Handler:   |   |  |     |            |  | Certificate Expiration/Date:                        |  |             |     |     |  |
| Amy Van Tol   |   |  |     |            |  | (Certificate expires five years after it is issued) |  |             |     |     |  |
| Service:  |   |  |     |            |  |   |  |             |     |     |  |
| 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 complia   |   |  |     |            | Major vio  | lation Out = Item                                   | s not in compliance COS  | = Corrected |     |     |  |
| In  | Critical Risk Fac   |  | Maj | Out        | COS  | 24 Person in chara                                  | e present and performs dutie   | c           | Out | COS |  |
| In  |   | Demonstration of knowledge     Communicable disease restrictions |     |            |  |   | eanliness and hair restraints  |             |     |     |  |
| In N/O  |   | 3. Discharge of eyes, nose, mouth                                |     |            |  |   | awing methods used   |             |     | i i |  |
| In N/O N/O  | 4. Eating, tasting, drinking, tobacco use   |  |     |            | -  |   | parated and protected  |             |     |     |  |
| In N/O  | Hands clean & properly washed, glove use     Handwashing facilities available             |  |     | X          | 1  | 28. Washing fruits 29. Toxic substance              | ces properly identified, stored and used   |             |     |     |  |
| In N/A N/O  | 7. Proper hot and cold food holding temps   |  |     |            |  | 30. Food storage, 3                                 | ge, 31. Self service, 32. Labeled  |             |     |     |  |
| In N/A  | 8. Time as a public health control, records   |  |     |            |  |   | ntact surfaces clean   |             |     |     |  |
| In N/A N/O In N/A N/O   | Proper cooling methods     Proper cooking time and temps                                  |  |     | -          |  |   | facilities maintained, test strips<br>ensils, approved, clean good repair                        |             |     |     |  |
| In N/A N/O  | 11. Reheating temperature for hot holding   |  |     |            |  |   | ensils, approved, clean good repair ensils and linens, storage and use                           |             |     |     |  |
| In N/A N/O  | O 12. Returned and reservice of food  |  |     |            |  | 37. Vending Machi                                   |  |             |     |     |  |
| In N/A N/O  | 13. Food safe and unadulterated 14. Food contact surfaces clean and sanitized             |  |     | X          | -  |   | ntilation and lighting rs provided and accurate  |             |     |     |  |
| In IVAX IVO   | 15. Food from approved source   |  |     | 1          |  |   | s properly used and stored   |             |     |     |  |
| In N/A N/O  | In N/A N/O 16. Shell stock tags, 17. Gulf Oyster regs                                     |  |     |            |  |   | 41. Plumbing, proper backflow prevention   |             |     |     |  |
| In N/A N/O  | In N/A N/O 18. Compliance with HACCP plan In N/A N/O 19 Advisory for raw/undercooked food |  |     |            | 42. Garbage properly disposed; facilities maintained 43. Toilet facilities supplied, properly constructed, clean |   |  |             |     |     |  |
| In N/A N/O  |   |  |     |            | 44. Premises clean, vermin proof; personal items separate  |   |  |             |     |     |  |
| In  | In 21. Hot & cold water. Temp: 21. oF   |  |     |            | 45. Floors, walls and ceilings maintained and clean  |   |  |             |     |     |  |
|   | In 22. Wastewater properly disposed   |  |     |            |  |   | . No unapproved living or sleeping quarters . Signs posted; Permit & inspection report available |             |     |     |  |
| In 23. No rodents, insects, birds, animals  |   |  |     |            |  | 48. Plan Review Re                                  |  | anaoic      |     |     |  |
|   |   |  |     |            |  |   |  |             |     |     |  |
|   | No PHF [ ]  |  |     |            |  |   |  |             |     |     |  |
| °F Food   |   | Location   |     | °F         |  | Food  |  | ation       |     |     |  |
| 168 Grand 3-Bed Womer   |   |  |     | 40 Diced   |  |   | Right Cook's Pro   |             |     |     |  |
| 11. Poolph Left looks PMP   |   |  |     | 36 Country |  |   | Walkin Coo   | les         |     |     |  |
| Esgs Cooler   |   |  |     | 12         | 3 6  | ravoy   |  |             |     |     |  |
|   |   |  |     |            |  |   |  |             |     |     |  |
|   |   |  |     |            |  |   |  |             |     |     |  |
| Comments:   |   |  |     |            |  |   |  |             |     |     |  |
| Comments: Provide warm water of 100°-108°F at Kitchen handwash sink water   |   |  |     |            |  |   |  |             |     |     |  |
| measured 121°F.   |   |  |     |            |  |   |  |             |     |     |  |
|   |   |  |     |            |  |   |  |             |     |     |  |
| Provide 50 ppm at chlarine at dishwasher sanitize cycle. Measured   |   |  |     |            |  |   |  |             |     |     |  |
| sanitizes at ~10 ppm.   |   |  |     |            |  |   |  |             |     |     |  |
| Delean encrusted soda syrup from behind soda spigots an machine.  |   |  |     |            |  |   |  |             |     |     |  |
|   | Provide 200 ppm of quaternary ammonium sanitizer in towel bucket.                         |  |     |            |  |   |  |             |     |     |  |
|   |   |  | 3   | A / IA//   | ואוועו   | n Sanitio   | TO INI TOWN  | DWO         | ect |     |  |
| MEASUN  |   |  |     |            |  |   |  |             |     |     |  |
|   | ed ~50 p  | PM.  |     |            |  | 1   |  |             |     |     |  |

### OFFICIAL INSPECTION REPORT

### **Continuation Sheet**

## GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT 225 N. Tehama Street, Willows, CA 95988

Phone (530) 934-6102 FAX (530) 934-6103

Page \_\_\_\_\_ of \_\_\_\_\_

| Name of Facility / DBA:                                       | Inspection Date         |
|---|-------------------------|
| 4th Street Cale   | 4/22/22                 |
| Address:<br>824 Fourth St, Orland, CA 9596<br>Owner/Permitee: | 3                       |
| Owner/Permitee:   |                         |
| Julie Van Tol   |                         |
| Comments:   |                         |
| a Repair unfinished ceiling abou                              | re dishwash machine.    |
| 5 Repair water damaged ceiling                                | panel above dry starage |
| hallway shelves Repair roof<br>Clean arase/food from floar    | as reeded               |
| c) Clean arase/food from float                                | sehind truet.           |
| P-FFC0  |                         |
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| Received By: Juliu Van Tol R                                  | EHS: John H-Wells       |