FOOD FACILITY INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

| | | | | | s, CA 95988 30) 934-6103 | Page 1 of | | _ | |
|---|---|------------------|-----|--------------------------|--|---|------|-----|--|
| Name of Facility/ DI | | Inspection Date: | | | | | | | |
| Walnut Airenus Danila | | | | | | 6/12/19 | | | |
| Address: | | | | | | Reinspection Date/(on or after): | | | |
| LICHE MILLO IN DIER | | | | | | Renset Tin Dection | | | |
| 4676 | (Reinspections are subject to fees) | | | | | | | | |
| Owner/Permitee: Phone No.: Inspection Time: Permit Exp. | | | | | | | | : | |
| Her Maria | # Melvin Teves | | | | | 4:05 pm | | | |
| Certified Food Hand | er | ٨ | 1 | / | | Certificate Expiration Date: | | | |
| - RIGHT | Partian - all Par | LA | LP- | , , | | (Certificate expires five years after it is iss | ued) | | |
| Service: Routine Inspection Reinspection Complaint Construction/Pre-opening 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 compli | | | | Major vio | lation Out = Items | not in compliance COS = Correcte | | | |
| In | Critical Risk Factors for Disease 1. Demonstration of knowledge | Maj | Out | COS | 24 Person in charge | present and performs duties | Out | COS | |
| In | Communicable disease restrictions | | | | | ness and hair restraints | | | |
| In N/O | 3. Discharge of eyes, nose, mouth | | | | 26. Approved thawi | | | | |
| In N/O | 4. Eating, tasting, drinking, tobacco use | 1 331.8 B | | | 27. Food separated a | and protected | | | |
| In N/O | 5. Hands clean & properly washed, glove use | A HOUSE | | | 28. Washing fruits a | | | | |
| In N/A N/O | 6. Handwashing facilities available | | - | \vdash | | s properly identified, stored and used | | | |
| In N/A N/O In N/A | 7. Proper hot and cold food holding temps 8. Time as a public health control, records | | 1 | + | 30. Food storage, 31 33. Nonfood contact | . Self service, 32. Labeled | | | |
| In N/A N/O | 9. Proper cooling methods | | | 1 | | cilities maintained, test strips | | | |
| In N/A N/O | 10. Proper cooking time and temps | | | | | sils, approved, clean good repair | | | |
| In N/A N/O | 11. Reheating temperature for hot holding | | | | 36. Equipment, uten | sils and linens, storage and use | | | |
| In N/A N/O | 12. Returned and reservice of food | | | | 37. Vending Machin | | | | |
| In N/A N/O | 13. Food safe and unadulterated | | - | | 38. Adequate ventila | | | | |
| In N/A N/O | 14. Food contact surfaces clean and sanitized 15. Food from approved source | | | | | rovided and accurate operly used and stored | | | |
| In N/A N/O | 16. Shell stock tags, 17. Gulf Oyster regs | e lanas | 1 | | | r backflow prevention | | | |
| In N/A N/O | 18. Compliance with HACCP plan | | | | | y disposed; facilities maintained | | | |
| In N/A N/O | 19. Advisory for raw/undercooked food | | | | 43. Toilet facilities s | upplied, properly constructed, clean | | | |
| In N/A | 20. Health care/ School prohibited food | | | | | vermin proof; personal items separate | | | |
| In) | | | X | | 45. Floors, walls and ceilings maintained and clean | | | | |
| In In | | | | | 46. No unapproved living or sleeping quarters 47. Signs posted; Permit & inspection report available | | | | |
| 25. 10 fochs, inseed, ones, united | | | | 48. Plan Review Required | | | | | |
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| No PHF | | | | | | | | | |
| °F Food Location | | | ٥F | | Food | Location | | | |
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| Comments: | | | | | | | | | |
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| Provide hot water at 120°F at map sink. Measured | | | | | | | | | |
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