

# FOOD FACILITY INSPECTION REPORT

## GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

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

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Name of Facility/ DBA: <u>ORLAND CHEVRON</u>		Inspection Date: <u>7/24/23</u>	
Address: <u>848 NEWVILLE RD, ORLAND, CA 95963</u>		Reinspection Date (on or after): <u>10/24/23</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>SKSP INC.</u>	Phone No.:	Inspection Time: <u>4:00</u>	Permit Exp. Date:
Certified Food Handler: <u>- NONE CURRENT -</u>		Certificate Expiration Date: <u>                    </u> <small>(Certificate expires five years after it is issued)</small>	
Service: <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> Construction/Pre-opening <input type="checkbox"/> Other:			
Applicable Law <u>CALIFORNIA RETAIL FOOD CODE ("CalCode"), Beginning with section 113700, California Health and Safety Code</u> (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		1. Demonstration of knowledge	X	X		24. Person in charge present and performs duties		
In		2. Communicable disease restrictions				25. Personal cleanliness and hair restraints		
In	N/O	3. Discharge of eyes, nose, mouth				26. Approved thawing methods used		
In	N/O	4. Eating, tasting, drinking, tobacco use				27. Food separated and protected		
In	N/O	5. Hands clean & properly washed, glove use				28. Washing fruits and vegetables		
In		6. Handwashing facilities available				29. Toxic substances properly identified, stored and used		
In	N/A	7. Proper hot and cold food holding temps				30. Food storage, 31. Self service, 32. Labeled		
In	N/A	8. Time as a public health control, records				33. Nonfood contact surfaces clean		
In	N/A	9. Proper cooling methods				34. Warewashing facilities maintained, test strips		
In	N/A	10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair		
In	N/A	11. Reheating temperature for hot holding				36. Equipment, utensils and linens, storage and use		
In	N/A	12. Returned and reservice of food				37. Vending Machines		
In		13. Food safe and unadulterated				38. Adequate ventilation and lighting		
In	N/A	14. Food contact surfaces clean and sanitized				39. Thermometers provided and accurate		
In		15. Food from approved source				40. Wiping cloths properly used and stored		
In	N/A	16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention		
In	N/A	18. Compliance with HACCP plan				42. Garbage properly disposed; facilities maintained		
In	N/A	19. Advisory for raw/undercooked food				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: <u>95</u> °F		X		45. Floors, walls and ceilings maintained and clean	X	
In		22. Wastewater properly disposed				46. No unapproved living or sleeping quarters		
In		23. No rodents, insects, birds, animals				47. Signs posted; Permit & inspection report available		
						48. Plan Review Required		

No PHF [ ]					
°F	Food	Location	°F	Food	Location
178	CHEEDAR SAUSAGE	SAUSAGE ROLLER			
40	TUNA SALAD	REACH-IN FRIDGE			
31	EGG BURRITO	SINGLE DOOR FREEZER			

Comments:

\*\*CRITICAL VIOLATION\*\*

① PROVIDE A FOOD SAFETY MANAGER FOR FACILITY AND MAINTAIN EVIDENCE AVAILABLE FOR REVIEW. REPEAT VIOLATION! CORRECT IMMEDIATELY

② MAINTAIN WARM WATER (>100°F) AT THE HAND WASH SINK AT ALL TIMES. WATER MEASURED ONLY 95°F AFTER 2 MIN.  
③ REPAIR THE BROKEN COUING ON THE WALL INSIDE THE BEER CAVE ROOM.

Received By:

X Letisia Madrigal

REHS:

ANDREW PERRY