FOOD FACILITY INSPECTION REPORT GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

225 N. Tehama Street, Willows, CA 95988

Page 1 of ____

| | | Phone (| 530) 93 | 4-6102 F. | AX (530) 934-6103 | | | |
|--|--|--|-----------------|-----------------------------|--|---|----------------------------------|--|
| Name of Facility/ DB | A: | | | | | Inspection Date: | | |
| Dutch B | 2010 | (a) | | | | 4/6/22 | | |
| Address: | 100 | | | 4 | 13 13 | Reinspection Date (on or after): | Reinspection Date (on or after): | |
| 902 No1 | MI | e Rd Arland | C. | AQ | 5963 | (Reinspections are subject to fees) | an | |
| Owner/Permitee: Phone No.: | | | | | | Inspection Time: Permit E | xp. Date: | |
| Owner/Fermitee. | | | | | | 3:00 pm | | |
| MATT LONG | | | | | | Certificate Expiration/Date: | | |
| Certified Food Handle | er: | | | | | | | |
| SIETTA | Nat | Zes | | | | (Certificate expires five years after it is iss | sued) | |
| Service: ☐ Rou | tine Inspe | ction | | | struction/Pre-opening | Other: | | |
| Applicable Law CALIFO | RNIA RET | AIL FOOD CODE ("CalCode), Beginning with | h section | 113700, Cal | ifornia Health and Safety Co | de (See reverse side of sheet for summary) | | |
| In = In complia | nce N | A = Not Applicable $N/O = Not Obse$ | erved | Mai = Ma | ajor violation Out = Ite | ems not in compliance COS = Correcte | d On Site | |
| in = in compila | lice N | ritical Risk Factors for Disease | Maj | | COS | 1 | Out CO | |
| In) | 1. Dem | onstration of knowledge | W. 188 | | | arge present and performs duties | | |
| In | | municable disease restrictions | | | | nliness and hair restraints | | |
| In N/O | 3. Disc | harge of eyes, nose, mouth | | | 26. Approved the | awing methods used | | |
| In N/O | 4. Eatin | ng, tasting, drinking, tobacco use | | | 28. Washing frui | | | |
| In N/O | | Is clean & properly washed, glove use Iwashing facilities available | | 7 | 29. Toxic substa | nces properly identified, stored and used | | |
| In N/A N/O | 7. Pron | er hot and cold food holding temps | | X | 30. Food storage | , 31. Self service, 32. Labeled | | |
| In N/A | 8. Time | as a public health control, records | | 1 | 33. Nonfood con | | | |
| In N/A N/O | In N/A N/O 9. Proper cooling methods | | | | 34. Warewashing | facilities maintained, test strips | | |
| In N/A N/O 10. Proper cooking time and temps | | | | | 35. Equipment, U | utensils, approved, clean good repair utensils and linens, storage and use | | |
| | In N/A N/O 11. Reheating temperature for hot holding In N/A N/O 12. Returned and reservice of food | | | | 37. Vending Mad | | | |
| In N/A N/O | | 1 safe and unadulterated | | | | ntilation and lighting | | |
| In N/A N/O | | d contact surfaces clean and sanitized | | | 39. Thermometer | rs provided and accurate | | |
| In | 15. Foo | from approved source | | | 40. Wiping cloth | s properly used and stored | X | |
| In N/A N/O | | l stock tags, 17. Gulf Oyster regs | | | 41. Plumbing, pr | oper backflow prevention | | |
| In N/A N/O | 18. Con | apliance with HACCP plan | | | | properly disposed; facilities maintained cilities supplied, properly constructed, clean | | |
| In N/A N/O | | isory for raw/undercooked food | | | | an, vermin proof; personal items separate | | |
| | | | | | | | | |
| In N/A | | | | | 45. Floors, walls | and ceilings maintained and clean | | |
| In | 21. Hot | & cold water. Temp: 122 °F | | | 45. Floors, walls 46. No unapprov | and ceilings maintained and clean ed living or sleeping quarters | | |
| In In | 21. Hot 22. Was | | | | 45. Floors, walls 46. No unapprov 47. Signs posted | and ceilings maintained and clean ed living or sleeping quarters Permit & inspection report available | | |
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