

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: <u>THE LAST STAND</u>		Inspection Date: <u>8/1/22</u>	
Address: <u>414 N. TEHAMA ST., WILLOWS, CA</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>SANDY HOBBS</u>	Phone No.:	Inspection Time: <u>11:30</u>	Permit Exp. Date:
Certified Food Handler: <u>JIM YODER</u>		Certificate Expiration Date: <u>1/21/27</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/Prec-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		Out	COS
In									24. Person in charge present and performs duties		
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	X	
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	N/A	N/O							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		
In	N/A	N/O							45. Floors, walls and ceilings maintained and clean		
In							X		46. No unapproved living or sleeping quarters		
In									47. Signs posted; Permit & inspection report available		
In									48. Plan Review Required		

No PHF []					
°F	Food	Location	°F	Food	Location
41	Hamburger	ATOP P. COOLER			
41	Turkey	WALK-IN FRIDGE			
141	Chili	SOUP WARMER			

Comments:
 - NO CRITICAL VIOLATIONS
 ** FACILITY IS CLEAN & WELL MAINTAINED
 CORRECT THE FOLLOWING:
 (21) MAINTAIN HOT WATER OF AT LEAST 120°F AT THE UTENSIL SINKS AT ALL TIMES. 1 OPERATOR ADJUSTED WATER HEATER ON SITE.
 (35) ALL DOMESTIC APPLIANCES SHALL BE REPLACED WITH COMMERCIAL GRADE, N.S.F. APPROVED MODELS. BLACK MICRO WAVE-KITCHEN

Received By: [Signature] REHS: Andrew Peryo

OFFICIAL INSPECTION REPORT

Continuation Sheet

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Address: <u>PAGE 2</u>	
Owner/Permitee:	

Comments:

CORRECT THE FOLLOWING:

35 REPAIR JUNCTION BOX COVER IN WALK-IN FRIDGE.

35 REPAIR HANDLE/FIXTURE ON BAR AND RESTROOM HAND SINKS.

Received By: <u>[Signature]</u>	REHS: <u>Andrew Perryo</u>
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