

FOOD FACILITY INSPECTION REPORT
GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

247 North Villa Avenue, Willows, CA 95988
 Phone (530) 934-6102 FAX (530) 934-6103

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Name of Facility/ DBA: <i>Walnut Avenue Ranch</i>		Inspection Date: <i>8/24/21</i>	
Address: <i>4646 County Rd N, Orland, CA 95963</i>		Reinspection Date (on or after): <i>Next Inspection</i> <small>(Reinspections are subject to fees)</small>	
Owner/Permitee: <i>Melvin Meyer</i>	Phone No.:	Inspection Time: <i>2:35 pm</i>	Permit Exp. Date:
Certified Food Handler: <i>- Retail Partner => All Packaged</i>		Certificate Expiration Date: <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 <i>CALIFORNIA RETAIL FOOD CODE ("CalCode"), Beginning with section 113700, California Health and Safety Code</i> (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
<input checked="" type="checkbox"/>		1.	Demonstration of knowledge				24.	Person in charge present and performs duties			
<input checked="" type="checkbox"/>		2.	Communicable disease restrictions				25.	Personal cleanliness and hair restraints			
<input checked="" type="checkbox"/>	N/O	3.	Discharge of eyes, nose, mouth				26.	Approved thawing methods used			
<input checked="" type="checkbox"/>	N/O	4.	Eating, tasting, drinking, tobacco use				27.	Food separated and protected			
<input checked="" type="checkbox"/>	N/O	5.	Hands clean & properly washed, glove use				28.	Washing fruits and vegetables			
<input checked="" type="checkbox"/>		6.	Handwashing facilities available				29.	Toxic substances properly identified, stored and used			
<input checked="" type="checkbox"/>	N/A	N/O	7.	Proper hot and cold food holding temps			30.	Food storage, 31. Self service, 32. Labeled		X	
<input checked="" type="checkbox"/>	N/A		8.	Time as a public health control, records			33.	Nonfood contact surfaces clean			
<input checked="" type="checkbox"/>	N/A	N/O	9.	Proper cooling methods			34.	Warewashing facilities maintained, test strips			
<input checked="" type="checkbox"/>	N/A	N/O	10.	Proper cooking time and temps			35.	Equipment, utensils, approved, clean good repair			
<input checked="" type="checkbox"/>	N/A	N/O	11.	Reheating temperature for hot holding			36.	Equipment, utensils and linens, storage and use			
<input checked="" type="checkbox"/>	N/A	N/O	12.	Returned and reserve of food			37.	Vending Machines			
<input checked="" type="checkbox"/>		13.	Food safe and unadulterated				38.	Adequate ventilation and lighting			
<input checked="" type="checkbox"/>	N/A	N/O	14.	Food contact surfaces clean and sanitized			39.	Thermometers provided and accurate			
<input checked="" type="checkbox"/>		15.	Food from approved source				40.	Wiping cloths properly used and stored			
<input checked="" type="checkbox"/>	N/A	N/O	16.	Shell stock tags, 17. Gulf Oyster regs			41.	Plumbing, proper backflow prevention			
<input checked="" type="checkbox"/>	N/A	N/O	18.	Compliance with HACCP plan			42.	Garbage properly disposed; facilities maintained			
<input checked="" type="checkbox"/>	N/A	N/O	19.	Advisory for raw/undercooked food			43.	Toilet facilities supplied, properly constructed, clean			
<input checked="" type="checkbox"/>	N/A		20.	Health care/ School prohibited food			44.	Premises clean, vermin proof; personal items separate			
<input checked="" type="checkbox"/>		21.	Hot & cold water. Temp: <i>115</i> °F			X	45.	Floors, walls and ceilings maintained and clean			
<input checked="" type="checkbox"/>		22.	Wastewater properly disposed				46.	No unapproved living or sleeping quarters			
<input checked="" type="checkbox"/>		23.	No rodents, insects, birds, animals				47.	Signs posted; Permit & inspection report available			
							48.	Plan Review Required			

No PHF <input checked="" type="checkbox"/>					
°F	Food	Location	°F	Food	Location

Comments:

2) Provide hot water at 120°F or higher. Measured 115°F.

3) Provide facility name, city & state, on Guittard chips labels.

Received By: *M. Lynes* REHS: *John H. Wells*