

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

Name of Facility/ DBA: GUINN MEDICAL CENTER		Inspection Date: 8/7/19	
Address: 1133 W. SYCAMORE ST., WILLOWS, CA		Reinspection Date (on or after): NEXT INSPECTION (Reinspections are subject to fees)	
Owner/Permittee: GUINN MEDICAL CENTER INC	Phone No.:	Inspection Time: 11:00	Permit Exp. Date:
Certified Food Handler: ASHLEY MCLEOD		Certificate Expiration Date: 7/18/23 (Certificate expires five years after it is issued)	
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 CALIFORNIA RETAIL FOOD CODE ("CalCode"), Beginning with section 113700, California Health and Safety Code (See reverse side of sheet for summary)			

No PHF []			No PHF []		
°F	Food	Location	°F	Food	Location
37	HAM	ATOP PREP COOLER	35	HARD BOILED EGGS	WALK-IN FRIDGE
45	HAM CUBES	ATOP ICE BATH			
135	BACON	ATOP GRILL			
33	MILK	SINGLE DOOR ARCTIC AIR FRIDGE			

-NO CRITICAL VIOLATIONS

⑥ ALL HANDWASH SINKS SHALL BE PROPERLY SUPPLIED WITH SOAP, HAND TOWELS AND WARM WATER ($>100^{\circ}\text{F}$). - H. SINK IN KITCHEN AREA LACKED PAPER TOWELS.

⑦ Hold ALL POTENTIALLY HAZARDOUS FOOD AT/BELOW 41°F OR AT/ABOVE 135°F AT ALL TIMES. MEASURED THE FOLLOWING

Received By:

REHS:

ANDREW FINE

FOOD FACILITY INSPECTION REPORT
Continuation Sheet
GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
 247 North Villa Avenue, Willows, CA 95988
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Comments:

VIOLATIONS (CONT.):

⑦ OUT OF TEMP. 1) HAM CUBES ATOP ICE BATH @ 45°F.
 *INSTRUCTED OPERATOR HOW TO CONSTRUCT A PROPER ICE BATH.

③① ALL FOOD SHALL BE STORED AT LEAST 6 INCHES OFF OF THE FLOOR. 1OBSERVED BINS OF FOOD ON FLOOR IN THE WALK-IN FREEZER

③⑤ REPAIR THE DRIPPING COMPRESSOR IN THE WALK-IN FRIDGE. THIS IS A CROSS-CONTAMINATION RISK

③⑤ + ④⑧ A PLAN REVIEW IS REQUIRED WHEN NEW APPLIANCES ARE ADDED OR THE FACILITY UNDERGOES A RE-MODEL. MAKE APPLICATION FOR A MINOR PLAN CHECK AT G.C.E.H. FOR THE:

1) NEW ICE MACHINE & 2) SMALL MAGIC CHEF S.S. FRIDGE,

④④ STORE ALL PERSONAL ITEMS & FOODS IN A DESIGNATED EMPLOYEE AREA & NOT IN WITH FOOD SERVED TO THE PUBLIC. 1OBSERVED MT. DEW (OPEN) IN SINGLE DOOR FREEZER

① ~~FOOD FACILITY LACKED EVIDENCE OF FOOD SAFETY CERTIFICATIONS (MGR. ~~XXXXXXXXXX~~), 1OBTAIN CERTS AND KEEP THEM AVAILABLE ON REQUEST FOR INSPECTION.~~

LOS AP

Received By:

REHS:

ANDREW PERRY