

**FOOD FACILITY INSPECTION REPORT**  
**GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT**

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

Name of Facility/ DBA: <u>Tobacco Road</u>		Inspection Date: <u>10/23/14</u>	
Address: <u>212 Walker St, Orland, CA 95963</u>		Reinspection Date (on or after): <u>Next Inspection</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>Ahmed Ilayan</u>	Phone No.: <u>988-9008</u>	Inspection Time: <u>4:40 pm</u>	Permit Exp. Date:
Certified Food Handler: <u>- Packaged Food -</u>		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 <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		1. Demonstration of knowledge						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				X		29. Toxic substances properly identified, stored and used				
In	N/A	7. Proper hot and cold food holding temps	N/O					30. Food storage, 31. Self service, 32. Labeled				
In	N/A	8. Time as a public health control, records	N/A					33. Nonfood contact surfaces clean				
In	N/A	9. Proper cooling methods	N/O					34. Warewashing facilities maintained, test strips				
In	N/A	10. Proper cooking time and temps	N/O					35. Equipment, utensils, approved, clean good repair				
In	N/A	11. Reheating temperature for hot holding	N/O					36. Equipment, utensils and linens, storage and use				
In	N/A	12. Returned and reservice of food	N/O					37. Vending Machines				
In		13. Food safe and unadulterated						38. Adequate ventilation and lighting				
In	N/A	14. Food contact surfaces clean and sanitized	N/O					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	N/O					41. Plumbing, proper backflow prevention				
In	N/A	18. Compliance with HACCP plan	N/O					42. Garbage properly disposed; facilities maintained				
In	N/A	19. Advisory for raw/undercooked food	N/O					43. Toilet facilities supplied, properly constructed, clean				
In	N/A	20. Health care/ School prohibited food	N/A					44. Premises clean, vermin proof; personal items separate				
In		21. Hot & cold water. Temp: <u>117</u> °F				X		45. Floors, walls and ceilings maintained and clean				
In		22. Wastewater properly disposed				X		46. No unapproved living or sleeping quarters				
In		23. No rodents, insects, birds, animals				X		47. Signs posted; Permit & inspection report available			X	
								48. Plan Review Required				

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

Comments: Correct the following:

6) Provide towels in dispenser at handwash sink in Restroom.

21) Provide hot water at 120°F - Measured 117°F.

23) Eliminate the black window spiders from back room.

47) Post "wash hands" sign in Restroom (sign provided to operator).

Received By: [Signature] REHS: John H. Wells