

**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: <i>Walnut Ave Ranch</i>		Inspection Date: <i>10/24/12</i>	
Address: <i>4546 County Road N, Orland, CA 95963</i>		Reinspection Date (on or after): <i>Next Inspection</i> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <i>Helmuth S, Melvin Meyer</i>	Phone No.: <i>865-8213</i>	Inspection Time: <i>12:20am</i>	Permit Exp. Date:
Certified Food Handler: <i>- Prepackaged Food (all handling done in State Reg'd area)</i>		Certificate Expiration Date: <small>(Certificate expires five years after it is issued)</small>	
Service: <input 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		
<input checked="" type="checkbox"/> In	N/O	1. Demonstration of knowledge								24. Person in charge present and performs duties		
<input checked="" type="checkbox"/> In		2. Communicable disease restrictions								25. Personal cleanliness and hair restraints		
<input checked="" type="checkbox"/> In	N/O	3. Discharge of eyes, nose, mouth								26. Approved thawing methods used		
<input checked="" type="checkbox"/> In	N/O	4. Eating, tasting, drinking, tobacco use								27. Food separated and protected		
<input checked="" type="checkbox"/> In	N/O	5. Hands clean & properly washed, glove use								28. Washing fruits and vegetables		
<input checked="" type="checkbox"/> In		6. Handwashing facilities available								29. Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> In	N/A	N/O	7. Proper hot and cold food holding temps								30. Food storage, 31. Self service, 32. Labeled	
<input checked="" type="checkbox"/> In	N/A	N/O	8. Time as a public health control, records								33. Nonfood contact surfaces clean	
<input checked="" type="checkbox"/> In	N/A	N/O	9. Proper cooling methods								34. Warewashing facilities maintained, test strips	
<input checked="" type="checkbox"/> In	N/A	N/O	10. Proper cooking time and temps								35. Equipment, utensils, approved, clean good repair	
<input checked="" type="checkbox"/> In	N/A	N/O	11. Reheating temperature for hot holding								36. Equipment, utensils and linens, storage and use	
<input checked="" type="checkbox"/> In	N/A	N/O	12. Returned and reservice of food								37. Vending Machines	
<input checked="" type="checkbox"/> In		13. Food in good condition, safe, unadulterated								38. Adequate ventilation and lighting		
<input checked="" type="checkbox"/> In	N/A	N/O	14. Food contact surfaces clean and sanitized								39. Thermometers provided and accurate	
<input checked="" type="checkbox"/> In		15. Food from approved source								40. Wiping cloths properly used and stored		
<input checked="" type="checkbox"/> In	N/A	N/O	16. Shell stock tags, 17. Gulf Oyster regs								41. Plumbing, proper backflow prevention	
<input checked="" type="checkbox"/> In	N/A	N/O	18. Compliance with HACCP plan								42. Garbage properly disposed; facilities maintained	
<input checked="" type="checkbox"/> In	N/A	N/O	19. Advisory for raw/undercooked food								43. Toilet facilities supplied, properly constructed, clean	
<input checked="" type="checkbox"/> In	N/A		20. Health care/ School prohibited food								44. Premises clean and vermin proof; personal items separate	
<input checked="" type="checkbox"/> In		21. Hot & cold water. Temp: <i>141</i> °F								45. Floors, walls and ceilings maintained and clean		
<input checked="" type="checkbox"/> In		22. Wastewater properly disposed								46. No unapproved living or sleeping quarters		
<input checked="" type="checkbox"/> In		23. No rodents, insects, birds, animals								47. Signs posted; Last inspection report available		

No PHF

°F	Food	Location	°F	Food	Location

Comments:  
*Correct the following*  
 31) *Provide tags or some other means for handling of customer self-service samples.*

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