

**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:<br><b>PAPA MURPHY'S</b>   |            | Inspection Date:<br><b>3/26/14</b>   |                   |
| Address:<br><b>1070 WOOD ST., SUITE C, WILLOWS</b>   |            | Reinspection Date (on or after):<br><b>NEXT ROUTINE</b><br><small>(Reinspections are subject to fees)</small>        |                   |
| Owner/Permittee:<br><b>JOHN &amp; JENNIFER KIRKPATRICK</b>   | Phone No.: | Inspection Time:<br><b>3:30</b>  | Permit Exp. Date: |
| Certified Food Handler:<br><b>JOHN KIRKPATRICK</b>   |            | Certificate Expiration Date:<br><b>4/13/17</b><br><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 (See reverse side of sheet for summary)</i>  |            |  |                   |

| 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 |   |  |  |
| 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  |     |     |     | X   |     | 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        |  |  |
| 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  |     |     |     |     |     | 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  |     |     |     |     |     | 45. Floors, walls and ceilings maintained and clean         |  |  |
| In  |     |     |     |     |     | 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 |
| 39         | HAM          | ATOP PREP TABLE           | 40 | CHEESE | WALK-IN  |
| 39         | CHICKEN      | UNDER PREP COOLER         |    |        |          |
| 40         | COOKIE DOUGH | DISPLAY COOLER            |    |        |          |
| 40         | GARLIC SAUCE | SMALL SVEKEST PREP COOLER |    |        |          |

Comments:  
 - NO CRITICAL VIOLATIONS

CORRECT THE FOLLOWING:

Ⓢ ALL HANDWASH SINKS SHALL BE PROPERLY SUPPLIED WITH SOAP, HAND TOWELS, AND WARM WATER 2100°F & NOT OBSTRUCTED AT ANY TIME. OBSERVED BACK HAND SINK THAT WAS BLOCKED & HAD A CAN INSIDE SINK. SINK ALSO LACKED HAND TOWELS.

Received By: [Signature] REHS: ANDREW A. PERRY