

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: HEALTH HABIT		Inspection Date: 4/24/14	
Address: 231 W. SYCAMORE AVE, WILLOWS, CA		Reinspection Date (on or after): NEXT INSPECTION <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: WILLIE BEAVERS	Phone No.:	Inspection Time: 2:45	Permit Exp. Date:
Certified Food Handler: MELISSA BEAVERS		Certificate Expiration Date: 10/7/18 <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									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		X
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								44. Premises clean, vermin proof; personal items separate		
In									45. Floors, walls and ceilings maintained and clean		
In							X		46. No unapproved living or sleeping quarters		
In									47. Signs posted; Permit & inspection report available		
In									48. Plan Review Required		X

No PHF []					
°F	Food	Location	°F	Food	Location
39	CHICKEN SALAD	DISPLAY FRIDGE			

Comments:
- NO CRITICAL VIOLATIONS

CORRECT THE FOLLOWING:

21 PROVIDE HOT WATER OF AT LEAST 120°F AT THE 2-COMPARTMENT SINK FIXTURE.

41 REPAIR FAUCET LEAK AT BATH ROOM SINK.

48 NEW WATER HEATER & ICE CREAM FREEZER BOX MUST BE PLAN CHECKED AT G.C.E.H. PLEASE PROVIDE MANUFACTURER SPECIFICATION SHEETS, MAKE + MODEL TO OUR OFFICE FOR APPROVAL.

Received By: X M Beavers REHS: ANDREW A. Petyo