

**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>GLENN MEDICAL CENTER</u>		Inspection Date: <u>4/6/15</u>	
Address: <u>1133 W. SYCAMORE ST., WILLOWS, CA</u>		Reinspection Date (on or after): <u>NEXT INSPECTIONS</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>GLENN MEDICAL CENTER INC.</u>	Phone No.:	Inspection Time: <u>11:00</u>	Permit Exp. Date:
Certified Food Handler: <u>TERRIE BUTLER</u>		Certificate Expiration Date: <u>1/27/20</u> <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 CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code (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
<input checked="" type="checkbox"/>		1.	Demonstration of knowledge				24.	Person in charge present and performs duties				
<input checked="" type="checkbox"/>		2.	Communicable disease restrictions				25.	Personal cleanliness and hair restraints				
<input checked="" type="checkbox"/>		3.	Discharge of eyes, nose, mouth				26.	Approved thawing methods used				
<input checked="" type="checkbox"/>		4.	Eating, tasting, drinking, tobacco use				27.	Food separated and protected				
<input checked="" type="checkbox"/>		5.	Hands clean & properly washed, glove use				28.	Washing fruits and vegetables				
<input checked="" type="checkbox"/>		6.	Handwashing facilities available				29.	Toxic substances properly identified, stored and used				
<input checked="" type="checkbox"/>	N/A	7.	Proper hot and cold food holding temps				30.	Food storage, 31. Self service, 32. Labeled			X	
<input checked="" type="checkbox"/>	N/A	8.	Time as a public health control, records				33.	Nonfood contact surfaces clean				
<input checked="" type="checkbox"/>	N/A	9.	Proper cooling methods				34.	Warewashing facilities maintained, test strips				
<input checked="" type="checkbox"/>	N/A	10.	Proper cooking time and temps				35.	Equipment, utensils, approved, clean good repair				
<input checked="" type="checkbox"/>	N/A	11.	Reheating temperature for hot holding				36.	Equipment, utensils and linens, storage and use				
<input checked="" type="checkbox"/>	N/A	12.	Returned and reserve of food				37.	Vending Machines				
<input checked="" type="checkbox"/>		13.	Food safe and unadulterated				38.	Adequate ventilation and lighting			X	
<input checked="" type="checkbox"/>	N/A	14.	Food contact surfaces clean and sanitized			X	39.	Thermometers provided and accurate				
<input checked="" type="checkbox"/>		15.	Food from approved source				40.	Wiping cloths properly used and stored				
<input checked="" type="checkbox"/>	N/A	16.	Shell stock tags, 17. Gulf Oyster regs				41.	Plumbing, proper backflow prevention			X	
<input checked="" type="checkbox"/>	N/A	18.	Compliance with HACCP plan				42.	Garbage properly disposed; facilities maintained				
<input checked="" type="checkbox"/>	N/A	19.	Advisory for raw/undercooked food				43.	Toilet facilities supplied, properly constructed, clean				
<input checked="" type="checkbox"/>	N/A	20.	Health care/ School prohibited food				44.	Premises clean, vermin proof; personal items separate				
<input checked="" type="checkbox"/>		21.	Hot & cold water. Temp: <u>120°</u> °F				45.	Floors, walls and ceilings maintained and clean				
<input checked="" type="checkbox"/>		22.	Wastewater properly disposed				46.	No unapproved living or sleeping quarters				
<input checked="" type="checkbox"/>		23.	No rodents, insects, birds, animals				47.	Signs posted; Permit & inspection report available				
							48.	Plan Review Required				

No PHF [ ]					
°F	Food	Location	°F	Food	Location
142	COOKED HAMBURGER	ATOP STEAM TABLE	41	HAM	WALK-IN FRIDGE
39	HARD BOILED EGG	ATOP PREP COOLER			
38	TURKEY	" " "			
38	TUNA	BELOW PREP. COOLER			

Comments:  
 -NO CRITICAL VIOLATIONS  
 \*FACILITY IS CLEAN & WELL MAINTAINED.  
CORRECT THE FOLLOWING:  
 (14) MAINTAIN PROPER SANITIZER CONCENTRATIONS DURING MECHANICAL DISHWASHING. ~~DISHWASHING~~ UNABLE TO MEASURE (NON-DETECT) CHLORINE SANITIZER DURING TWO CYCLES.  
 (30) STORE ALL FOOD AT LEAST 6" OFF OF THE FLOOR. OBSERVED

Received By: Jaura Curtis MS, RD      REHS: ANDREW PETYO

OFFICIAL INSPECTION REPORT

Continuation Sheet

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Page 2 of 2

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Address: <u>1133 W. SYCAMORE ST., WILLOWS, CA</u>	
Owner/Permitee: <u>PAGE 2</u>	

Comments:

CORRECT THE FOLLOWING (CONT.):

- 30 BOXES OF FOOD ON WALK-IN FREEZER FLOOR
- 38 PROVIDE LIGHT SHIELDS OR SHATTER PROOF BULBS OVER ALL KITCHEN LIGHTING.
- 41 REPAIR LEAKY PREP. SINK FIXTURE.

Received By:

Anula Curtis ms, RD

REHS:

Andrew Peryo