

**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: <b>SR FIRST CHURCH OF GOD</b>		Inspection Date: <b>7/15/15</b>	
Address: <b>236 W. SYCAMORE ST, WILLOWS, CA</b>		Reinspection Date (on or after): <b>NEXT INSPECTION</b> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <b>SR FIRST CHURCH OF GOD</b>	Phone No.:	Inspection Time: <b>3:00</b>	Permit Exp. Date:
Certified Food Handler: <b>- NONE CURRENT</b>		Certificate Expiration Date: <b>-</b> <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 checked="" type="checkbox"/> Construction/Pre-opening <input type="checkbox"/> Other:			
Applicable Law <b>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code (See reverse side of sheet for summary)</b>			

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									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							W	
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							X	
In									46. No unapproved living or sleeping quarters								
In									47. Signs posted; Permit & inspection report available								
In									48. Plan Review Required								

No PHF [ ] *NO TEMPS TAKEN AT CONSTRUCTION INSPECTION					
°F	Food	Location	°F	Food	Location

Comments: **PRE-CONSTRUCTION/OPENING INSPECTION**  
**CORRECT THE FOLLOWING:**

**(21) PROVIDE HOT WATER OF AT LEAST 100°F IN THE RESTROOMS**  
**(45) PROVIDE COVE BASE IN BACK FOOD STORAGE ROOMS (VINYL OR TILE).**

**\*\*NOTES THIS REPORT WILL BE TEMP. OPERATING PERMIT UNTIL PERMANANT ONE CAN BE MAILED.**

Received By: *[Signature]* REHS: **ANDREW PETYO**