

FOOD FACILITY INSPECTION REPORT
GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

247 North Villa Avenue, Willows, CA 95988
 Phone (530) 934-6102 FAX (530) 934-6103

Page 1 of 3
 apetyo@countyofglenn.net

Name of Facility/ DBA: BEBER (COMMISARY)		Inspection Date: 7/27/17	
Address: 590 CAPAY AVE, HAMILTON CITY, CA		Reinspection Date (on or after): 10/23/17 <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: ARIELLE DANAN	Phone No.:	Inspection Time: 11:00	Permit Exp. Date:
Certified Food Handler: MGR. -NOT AVAILABLE AT TIME OF INSPECTION		Certificate Expiration Date: <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			
In		1. Demonstration of knowledge		X		24. Person in charge present and performs duties		
In		2. Communicable disease restrictions				25. Personal cleanliness and hair restraints		
In	N/O	3. Discharge of eyes, nose, mouth				26. Approved thawing methods used		
In	N/O	4. Eating, tasting, drinking, tobacco use				27. Food separated and protected		
In	N/O	5. Hands clean & properly washed, glove use				28. Washing fruits and vegetables		
In		6. Handwashing facilities available				29. Toxic substances properly identified, stored and used		
In	N/A	N/O 7. Proper hot and cold food holding temps				30. Food storage, 31. Self service, 32. Labeled	X	
In	N/A	N/O 8. Time as a public health control, records				33. Nonfood contact surfaces clean		
In	N/A	N/O 9. Proper cooling methods				34. Warewashing facilities maintained, test strips		
In	N/A	N/O 10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair	X	
In	N/A	N/O 11. Reheating temperature for hot holding				36. Equipment, utensils and linens, storage and use	X	
In	N/A	N/O 12. Returned and reservice of food				37. Vending Machines		
In		13. Food safe and unadulterated				38. Adequate ventilation and lighting		
In	N/A	N/O 14. Food contact surfaces clean and sanitized		X		39. Thermometers provided and accurate		
In		15. Food from approved source				40. Wiping cloths properly used and stored		
In	N/A	N/O 16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention	X	
In	N/A	N/O 18. Compliance with HACCP plan				42. Garbage properly disposed; facilities maintained		
In	N/A	N/O 19. Advisory for raw/undercooked food				43. Toilet facilities supplied, properly constructed, clean		
In	N/A	20. Health care/ School prohibited food				44. Premises clean, vermin proof, personal items separate	X	
In		21. Hot & cold water. Temp: 120+°F				45. Floors, walls and ceilings maintained and clean	X	
In		22. Wastewater properly disposed				46. No unapproved living or sleeping quarters		
In		23. No rodents, insects, birds, animals		X		47. Signs posted; Permit & inspection report available		
						48. Plan Review Required	X	

No PHF <input checked="" type="checkbox"/>					
°F	Food	Location	°F	Food	Location

Comments:
-NO CRITICAL VIOLATIONS
OTHER VIOLATIONS
(1) FACILITY IS REQUIRED HAVE ONE CERT. FOOD MGR WITH EVIDENCE OF CERTIFICATION.
(4) REPAIR MECHANICAL DISHWASHER SO THAT THE PROPER AMOUNT OF SANITIZER IS DISPENSED (50 PPM CHLORINE). SANITIZER TEST STRIPS MUST BE LOCATED NEAR DISHWASHER

Received By:  REHS: 

OFFICIAL INSPECTION REPORT

Continuation Sheet

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

257 North Villa Avenue, Willows, CA 95988
Phone (530) 934-6102 FAX (530) 934-6103

Page 2 of 3

Name of Facility/ DBA: <u>BEBEL (COMMISARY)</u>	Inspection Date: <u>7/27/17</u>
Address:	
Owner/Permitee:	

PAGE 2

Comments:

OTHER VIOLATIONS (CONT.)

- 23 MAINTAIN FACILITY FREE OF ALL RODENTS, PESTS, INSECTS ETC. AT ALL TIMES. I OBSERVED MANY FLIES INSIDE FOOD FACILITY.
- 32 LABEL ALL BULK FOOD STORAGE CONTAINERS WITH COMMON NAMES FOR FOODS IF FOODS ARE NOT EASILY RECOGNIZABLE. (I.E. POWDERS)
- 35 FINISH CONSTRUCTING WALL IN THE KITCHEN AREA, NO BARE STUDS ALLOWED.
- 35 ALL WOOD SURFACES MUST BE MADE NON-ABSORBANT, EASILY CLEANABLE & DURABLE. NO BARE WOOD ALLOWED
- 35 ALL NON-COMMERCIAL APPLIANCES MUST BE REMOVED AND REPLACED WITH ONLY COMMERCIAL GRADE, N.S.F & HEALTH DEPT. APPROVED EQUIPMENT. (2 WHITE CHEST FREEZERS)
- 35 CLEAN/SANITIZE OR REPLACE ICE CHESTS USED IN THE FACILITY, ALL WERE PRETTY DIRTY/GRIMY.
- 35 REPAIR DRIPPING PLUMBING ON CONDENSOR/COMPRESSOR INSIDE THE WALK-IN FRIDGE
- 36 ICE SCOOP SHALL BE STORED IN A EASILY CLEANABLE, NON-ABSORBANT CONTAINER.
- 36 ALL UTENSILS/BOTTLING EQUIPMENT MUST BE STORED INSIDE THE FOOD FACILITY. STORAGE CONTAINERS ARE NOT ALLOWED.
- 41 REPAIR INDIRECT PLUMBING ON THE 3-COMPARTMENT SINK SO THAT THERE IS AT LEAST A ONE INCH AIR GAP

Received By:

[Signature]

REHS:

Andrew Perry

OFFICIAL INSPECTION REPORT

Continuation Sheet

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

257 North Villa Avenue, Willows, CA 95988
Phone (530) 934-6102 FAX (530) 934-6103

Page 3 of 3

Name of Facility/ DBA: <u>REBER (COMMISARY)</u>	Inspection Date: <u>7/27/17</u>
Address: <u>PAGE 3</u>	
Owner/Permitee: <u>PAGE 3</u>	

Comments: OTHER VIOLATIONS (CONT.)

- 41 ABOVE THE FLOOR DRAW.
- 44 ALL PERSONAL ITEMS / FOOD SHALL BE STORED AWAY FROM ANY FOOD SERVED TO THE PUBLIC IN A DESIGNATED AREA.
- 45 CLEAN / SANITIZE ALL THE WALLS / FLOORS AROUND THE FACILITY. MANY WERE OBSERVED TO BE DIRTY GRIMY.
- 45 REPAIR ALL THE HOLES IN THE WALLS (DRYWALL) AROUND THE COMMISARY.
- 48 A PLAN REVIEW IS REQUIRED FOR ALL FACILITY ADDITIONS / EXPANSIONS. APPLY IN OUR OFFICE.

NOTE: FACILITY SHOULD APPLY FOR AND RECEIVE A PROCESSED FOOD REGISTRATION (P.F.R) FROM THE STATE OF CALIFORNIA AS THE PLACE DOESN'T REALLY FIT INTO A COUNTY COMMISARY PERMIT.

Received By: <u>[Signature]</u>	REHS: <u>Andrew P [Signature]</u>
---------------------------------	-----------------------------------