

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: <i>Orland Family Moose Center</i>		Inspection Date: <i>9/10/14</i>	
Address: <i>605 Fifth St, Orland, CA 95963</i>		Reinspection Date (on or after): <i>Next Inspection</i> <small>(Reinspections are subject to fees)</small>	
Owner/Permitee: <i>Orland Moose Lodge 1901</i>	Phone No.: <i>865-7444</i>	Inspection Time: <i>3:15 pm</i>	Permit Exp. Date:
Certified Food Handler: <i>Melody Kerst & Kathryn Brooks</i>		Certificate Expiration Date: <i>5/27/18</i> <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</i> (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	Out
Critical Risk Factors for Disease			Maj	Out	COS	Out
In	N/O	1. Demonstration of knowledge				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		X		30. Food storage, 31. Self service, 32. Labeled
In	N/A	N/O				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		13. Food in good condition, safe, unadulterated				38. Adequate ventilation and lighting
In	N/A	N/O				39. Thermometers provided and accurate
In		15. Food from approved source				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					44. Premises clean and vermin proof; personal items separate
In		21. Hot & cold water. Temp: <i>126</i> °F				45. Floors, walls and ceilings maintained and clean
In		22. Wastewater properly disposed				46. No unapproved living or sleeping quarters
In		23. No rodents, insects, birds, animals				47. Signs posted; Last inspection report available

No PHF []					
°F	Food	Location	°F	Food	Location
<i>45</i>	<i>Eggs/ambient</i>	<i>Domestic Refrigerator</i>		<i>Freezer</i>	<i>in kitchen</i>
<i>41</i>	<i>Eggs/ambient</i>	<i>2-Door cooler</i>			
<i>49</i>	<i>Eggs</i>	<i>Cooling less than 4 hrs.</i>			

Comments: *Correct the following:*

1) 35) Adjust/repair/replace domestic refrigerator/freezer so it holds food at/below 41°F. Ambient air in cooler measured 45°F.

2) Provide a mop sink. Mop sink is not plumbed.

4) Eliminate leak to floor at ice machine. Plumb ice machine to an indirect drain connection.

** Submit plans for remodel. Operator has begun construction but has not submitted plans.*

Received By: <i>[Signature]</i>	REHS: <i>John H. Wells</i>
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