

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>Sunshine - The Herb Store</i>		Inspection Date: <i>9/12/14</i>	
Address: <i>330 Sixth St, Orland, CA 95963</i>		Reinspection Date (on or after): <i>Next Inspection</i> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <i>Dolores Gomez</i>	Phone No.: <i>865-3022</i>	Inspection Time: <i>1:35pm</i>	Permit Exp. Date:
Certified Food Handler: <i>- Prepackaged Food -</i>		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 <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		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"/>	N/O	3. Discharge of eyes, nose, mouth						26. Approved thawing methods used				
<input checked="" type="checkbox"/>	N/O	4. Eating, tasting, drinking, tobacco use						27. Food separated and protected				
<input checked="" type="checkbox"/>	N/O	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	N/O	7. Proper hot and cold food holding temps					30. Food storage, 31. Self service, 32. Labeled				
<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	N/O	9. Proper cooling methods					34. Warewashing facilities maintained, test strips				
<input checked="" type="checkbox"/>	N/A	N/O	10. Proper cooking time and temps					35. Equipment, utensils, approved, clean good repair				
<input checked="" type="checkbox"/>	N/A	N/O	11. Reheating temperature for hot holding					36. Equipment, utensils and linens, storage and use				
<input checked="" type="checkbox"/>	N/A	N/O	12. Returned and reservice of food					37. Vending Machines				
<input checked="" type="checkbox"/>			13. Food safe and unadulterated					38. Adequate ventilation and lighting				
<input checked="" type="checkbox"/>	N/A	N/O	14. Food contact surfaces clean and sanitized					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	N/O	16. Shell stock tags, 17. Gulf Oyster regs					41. Plumbing, proper backflow prevention				
<input checked="" type="checkbox"/>	N/A	N/O	18. Compliance with HACCP plan					42. Garbage properly disposed; facilities maintained				
<input checked="" type="checkbox"/>	N/A	N/O	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: <i>110</i> °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 <input checked="" type="checkbox"/>					
°F	Food	Location	°F	Food	Location

Comments:

1) Provide towels at handwash in restroom.

2) Provide hot water at 120°F. Measured 110°F at restroom sink.

Received By: *[Signature]* REHS: *John H. Wells*