FOOD FACILITY INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

257 North Villa Avenue, Willows, CA 95988 Phone (530) 934-6102 FAX (530) 934-6103 Page 1 of

Name of Facility/ DBA:							Inspection Date:		
O Mand S	200	4 Shap					7/4/17		
Address:							Reinspection Date (on or after);		
10 Walker St, OMand CA 757					(Reinspections are subject to fees)			1	
Owner/Permitee:				Phone No.:				Exp. Date:	
Rayinder tarcha				865-541			3110 pm		
Certified Food Handler:					Certificate Expiration Date:				
Sukwinde	050	rewal (xpired)					(Certificate expires five years after it is is	sued)	
Service: D Rou	tine Inspec	ction 🗆 Reinspection 🗀 Comp	laint	☐ Cor	nstruction	n/Pre-opening [☐ Other:		
Applicable Law CALIFO.	RNIA RETA	IIL FOOD CODE ("CalCode), Beginning with	section I	13700, Ca	alifornia F	Health and Safety Code	e (See reverse side of sheet for summary)		
In = In compliance	e N/A	= Not Applicable N/O = Not Observe	ed M	ai = Mai	or violat	ion Out = Items	not in compliance COS = Corrected	On Site	
III El compilation		Critical Risk Factors for Disease	Maj	Out	COS	1		Out	
In N/O		nonstration of knowledge	100	X			24. Person in charge present and performs duties		
In		municable disease restrictions	To all your		-		25. Personal cleanliness and hair restraints		
In N/O N/O	Discharge of eyes, nose, mouth Eating, tasting, drinking, tobacco use			-	1		26. Approved thawing methods used 27. Food separated and protected		
In N/O 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			X		30. Food storage, 31. Self service, 32. Labeled			
In N/A N/O	8. Time as a public health control, records					33. Nonfood contact surfaces clean			
In N/A N/O 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 11. Reheating temperature for hot holding					35. Equipment, utensils, approved, clean good repair 36. Equipment, utensils and linens, storage and use			
In N/A N/O	12. Returned and reservice of food					37. Vending Machines			
In	13. Food in good condition, safe, unadulterated					38. Adequate ventilation and lighting			
In N/A N/O	14. Food contact surfaces clean and sanitized					39. Thermometers provided and accurate			
In N/O	15. Food from approved source					40. Wiping cloths properly used and stored			
In N/A N/O In N/A N/O	16. Shell stock tags, 17. Gulf Oyster regs 18. Compliance with HACCP plan				-	41. Plumbing, proper backflow prevention 42. Garbage properly disposed; facilities maintained			
In N/A) N/O						43. Toilet facilities supplied, properly constructed, clean			
20. Health care/ School prohibited food						44. Premises clean and vermin proof; personal items separate			
In 21. Hot & cold water. Temp: 124 °F						45. Floors, walls and ceilings maintained and clean			
In 22. Wastewater properly disposed						46. No unapproved living or sleeping quarters			
In	23. No r	odents, insects, birds, animals	\$2% T			47. Signs posted;	Last inspection report available		
No PHF []				100	- 10 10				
°F Food	5.1			°F		Food	Location		
IXI MIK	1	walk-in Pasteurs		600	25%	F			
100		1 1	- 0	- 6	(0)				
TS BUTTITOS		walkin Cooler							
Comments:	lie f	ollowing:							
Provido	a	certified food	Sal	etu	Ma	raker f	a facility. Cord	Firedi	
exolos	2/0	Les Tre chean	1 4	0577	CP	2/2/2	idered food ha	adline	
CO PINEC	7/0					1 .		- Corving	
3 requir	es to	ood safety manaa	25	100	Melia	nce date	11/4/14)		
Cold hold	pot	entially hazardo	us	for	1 45	at/bel	ow 41°F. BUNT	ito	
at walker	nd	selfsardwich di	solu	a c	1000	Measu	Ma 45°F.		
Repair/	ads	nst walkin ref	Mig	eval	fin	to bole	b food al below	W	
41°F. 1	Imb.	ight air in wa	els.		NO	asurd	46°F-50°F°		
food meas	SUM	d HSOF							
Received By:X		X		DE	HS:	1	H. Welle		