

FOOD FACILITY INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

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

| | | | |
|--|------------|---|-------------------|
| Name of Facility/ DBA: NANCY'S AIRPORT CAFE | | Inspection Date: 10/18/18 | |
| Address: 353 C/R G, WILLOWS, CA | | Reinspection Date (on or after): 12/18/18 <small>(Reinspections are subject to fees)</small> | |
| Owner/Permittee: CHIELO ARLE | Phone No.: | Inspection Time: 3:00 | Permit Exp. Date: |
| Certified Food Handler: CHIELO ARLE | | Certificate Expiration Date: 11/21/21 <small>(Certificate expires five years after it is issued)</small> | |
| Service: <input type="checkbox"/> Routine Inspection <input checked="" 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 | | | | |
| <input checked="" type="checkbox"/> In | 1. Demonstration of knowledge | | | | | | | | 24. Person in charge present and performs duties | | | |
| <input checked="" type="checkbox"/> In | 2. Communicable disease restrictions | | | | | | | | 25. Personal cleanliness and hair restraints | | | |
| <input checked="" type="checkbox"/> In | <input checked="" type="checkbox"/> N/O | 3. Discharge of eyes, nose, mouth | | | | | | | 26. Approved thawing methods used | | | |
| <input checked="" type="checkbox"/> In | <input checked="" type="checkbox"/> N/O | 4. Eating, tasting, drinking, tobacco use | | | | | <input checked="" type="checkbox"/> X | | 27. Food separated and protected | | | |
| <input checked="" type="checkbox"/> In | <input checked="" type="checkbox"/> N/O | 5. Hands clean & properly washed, glove use | | | | | | | 28. Washing fruits and vegetables | | | |
| <input checked="" type="checkbox"/> In | <input checked="" type="checkbox"/> N/A | 6. Handwashing facilities available | | | | | | | 29. Toxic substances properly identified, stored and used | | | |
| <input checked="" type="checkbox"/> In | <input checked="" type="checkbox"/> N/A | 7. Proper hot and cold food holding temps | | | | | | | 30. Food storage, 31. Self service, 32. Labeled | | | |
| <input checked="" type="checkbox"/> In | <input checked="" type="checkbox"/> N/A | 8. Time as a public health control, records | | | | | | | 33. Nonfood contact surfaces clean | | | |
| <input checked="" type="checkbox"/> In | <input checked="" type="checkbox"/> N/A | 9. Proper cooling methods | | | | | | | 34. Warewashing facilities maintained, test strips | | | |
| <input checked="" type="checkbox"/> In | <input checked="" type="checkbox"/> N/A | 10. Proper cooking time and temps | | | | | | | 35. Equipment, utensils, approved, clean good repair | | | |
| <input checked="" type="checkbox"/> In | <input checked="" type="checkbox"/> N/A | 11. Reheating temperature for hot holding | | | | | | | 36. Equipment, utensils and linens, storage and use | | | |
| <input checked="" type="checkbox"/> In | <input checked="" type="checkbox"/> N/A | 12. Returned and reservice of food | | | | | | | 37. Vending Machines | | | |
| <input checked="" type="checkbox"/> In | <input checked="" type="checkbox"/> N/A | 13. Food safe and unadulterated | | | | | | | 38. Adequate ventilation and lighting | | | |
| <input checked="" type="checkbox"/> In | <input checked="" type="checkbox"/> N/A | 14. Food contact surfaces clean and sanitized | | | | | | | 39. Thermometers provided and accurate | | | |
| <input checked="" type="checkbox"/> In | <input checked="" type="checkbox"/> N/A | 15. Food from approved source | | | | | | | 40. Wiping cloths properly used and stored | | | |
| <input checked="" type="checkbox"/> In | <input checked="" type="checkbox"/> N/A | 16. Shell stock tags, 17. Gulf Oyster regs | | | | | | | 41. Plumbing, proper backflow prevention | | | |
| <input checked="" type="checkbox"/> In | <input checked="" type="checkbox"/> N/A | 18. Compliance with HACCP plan | | | | | | | 42. Garbage properly disposed; facilities maintained | | | |
| <input checked="" type="checkbox"/> In | <input checked="" type="checkbox"/> N/A | 19. Advisory for raw/undercooked food | | | | | | | 43. Toilet facilities supplied, properly constructed, clean | | | |
| <input checked="" type="checkbox"/> In | <input checked="" type="checkbox"/> N/A | 20. Health care/ School prohibited food | | | | | | | 44. Premises clean (vermin proof), personal items separate | | | |
| <input checked="" type="checkbox"/> In | <input checked="" type="checkbox"/> N/A | 21. Hot & cold water. Temp: 120 °F | | | | | | | 45. Floors, walls and ceilings maintained and clean | | | |
| <input checked="" type="checkbox"/> In | | 22. Wastewater properly disposed | | | | | <input checked="" type="checkbox"/> X | | 46. No unapproved living or sleeping quarters | | | |
| <input checked="" type="checkbox"/> In | | 23. No rodents, insects, birds, animals | | | | | <input checked="" type="checkbox"/> X | | 47. Signs posted; Permit & inspection report available | | | |
| | | | | | | | | | 48. Plan Review Required | | | |

| No PHF [] | | | | | |
|------------|-----------------|-------------------------|----|-------------|-----------------|
| °F | Food | Location | °F | Food | Location |
| 41 | HAM CUBES | ATOP SMALL PREP COOLER | 38 | WATER MELON | WALK-IN FRIDGE |
| 36 | RAW STEAKS | BELOW PREP COOLER | 41 | CREAM PIE | TRUE PIE FRIDGE |
| 40 | COMPOUND BUTTER | ATOP P. COOLER | | | |
| 36 | RAW STEAK | BELOW LARGE PREP COOLER | | | |

Comments: VIOLATIONS

4 ALL PERSONAL BEVERAGES USED IN FOOD PREP AREAS SHALL HAVE COVERS OR LIDS TO PREVENT CROSS CONTAMINATION. ~ OBSERVED OPEN CUP NEAR BACK PREP TABLE.

22 + 41 REPAIR/FIX SOURCE OF GREY WATER LEAK AND POOLING GREY WATER BELOW AUTOMATIC DISHWASHER. ALSO CLEAN/SANITIZE UNDER THESE AREAS AS IT IS VERY FILTHY UNDER THIS APPLIANCE.

Received By: _____ REHS: **ANDREW PETYO**

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Continuation Sheet

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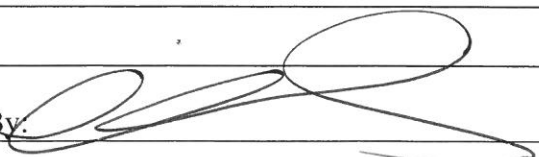
| | |
|---|-------------------------------------|
| Name of Facility/DBA: Nancy's Airport Cafe | Inspection Date: 10/10/18 |
| Address: PAGE 2 | |
| Owner/Permitee: PAGE 2 | |
| Applicable Law CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code | |

Comments:

VIOLATIONS (CONT.)

- (23) KEEP FACILITY FREE OF ALL PESTS/VERMIN AT ALL TIMES AND CONTINUE INTENSIVE PEST CONTROL TREATMENT PROGRAM. 1 OBSERVED A FEW LIVE COCKROACHES ON STICKY TRAPS AND A FEW FLIES IN THE RESTAURANT.
- (44) CONTINUE THE PROCESS OF SEALING UP, PAINTING AND CLEANING ALL THE WALLS, FLOORS, CEILING. ALL THESE CRACKS/CREVICES PROVIDE PEST HARBORAGE & ENTRY.
- (45) FIX/REPAIR OR REPLACE THE FOLLOWING:
- 1) RE-PAINT & CLEAN WALLS IN KITCHEN AROUND SHELVING & PREP COOLERS. 1 ALL ARE FILTHY & COVERED IN ROACH FECS.
 - 2) ALL EXPOSED WIRES & WIRING SHALL BE RUN IN THE WALLS OR THROUGH CONDUIT.
 - 3) REPAIR ALL VINYL COVING COMING OFF OR MISSING ON WALLS.
 - 4) ~~SEAL~~ SEAL ALL THE EDGES OF F.R.P., STAINLESS OR LAMINATE WALL COVERINGS WITH STRIPPING OR HAVE IT CAULKED.
- (45) BEGIN TO REPAIR FLOORING (PLAN CHECK) AROUND ALL AREAS IN THE RESTAURANT. 1 FLOORING IS MISSING OR IN BAD SHAPE IN MANY AREAS.

Received By:



REHS:

