FOOD FACILITY INSPECTION REPORT GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT 247 North Villa Avenue, Willows, CA 95988

Page 1 of

| | | | | | X (530) 934-6103 | | | |
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| Name of Facility/ DBA: Inspection/Date: | | | | | | | | |
| Reland Bow | | | | | | 7/20/18 | | |
| Address: | | | | | | Reinspection Date (on or after): | | |
| 507 May | JON | on St Alland | | | | | | |
| Owner/Permitee: | 1 100 | 000000000000000000000000000000000000000 | (Reinspections are subject to fees) Inspection Time: Permit Ex | n Date: | - | | | |
| Owner/Permitee: Andle Souce Carrao Phone No.: 11: DOAM | | | | | | | | |
| Certified Food Handler: | | | | | | | | |
| 10/4/21 | | | | | | | | |
| | | | | | | (Certificate expires five years after it is issued) Other: | ied) | |
| 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 complia | | N/A = Not Applicable $N/O = Not Obset$ | 1 | Maj = Majo | | s not in compliance COS = Corrected | | |
| Critical Risk Factors for Disease In 1. Demonstration of knowledge | | | Maj | Out C | OS 24 Parson in abara | a present and parforms duties | Out | COS |
| | 2. Communicable disease restrictions | | 1000 | | | on in charge present and performs duties onal cleanliness and hair restraints | | |
| In N/O | 3. Dis | charge of eyes, nose, mouth | | | 26. Approved thaw | 26. Approved thawing methods used | | |
| In N/O | | ing, tasting, drinking, tobacco use | navity | | | 27. Food separated and protected | | |
| In N/O | | nds clean & properly washed, glove use ndwashing facilities available | | | | 28. Washing fruits and vegetables 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 | | | |
| In N/A | 8. Time as a public health control, records | | | | 33. Nonfood contac | tact surfaces clean | | |
| In N/A N/O | 9. Proper cooling methods | | | | | acilities maintained, test strips | | |
| In N/A N/Q | 10. Proper cooking time and temps | | | | | nsils, approved, clean good repair | | |
| In N/A N/O | 11. Reheating temperature for hot holding 12. Returned and reservice of food | | | | 37. Vending Machi | itensils and linens, storage and use | | |
| In | 13. Food safe and unadulterated | | | | | entilation and lighting | | |
| In N/A N/O | 14. Food contact surfaces clean and sanitized | | | | | ers provided and accurate | | |
| In N/A N/O | 15. Food from approved source 16. Shell stock tags, 17. Gulf Oyster regs | | | | | oths properly used and stored | | |
| In N/A N/O | | npliance with HACCP plan | | | | proper backflow prevention pperly disposed; facilities maintained | | |
| In (N/A) N/O | <u> </u> | | | | | let facilities supplied, properly constructed, clean | | |
| In N/A | In N/A 20. Health care/ School prohibited food | | | | 44. Premises clean, | emises clean, vermin proof; personal items separate | | |
| In 21. Hot & cold water. Temp: 20°F | | | | | | ors, walls and ceilings maintained and clean | | |
| In In | | stewater properly disposed rodents, insects, birds, animals | | | | o unapproved living or sleeping quarters gns posted; Permit & inspection report available | | |
| 23. No fodents, filsects, offus, animals | | | | | | 48. Plan Review Required | | |
| | | | | | | | | |
| No PHF [] | | | | | | | | |
| °F Food | | Location | | °F | Food | Location | | 7 |
| 40 Hambu | Hamburgs underlounter los | | le | | | | | |
| 39 Salamin Re | | Reporterator/ Free | 285 | | | | | |
| | | | 1970 | | - | | | |
| | | | | | | | | |
| | | | | | | | | |
| Comments: | | | , | | | | | |
| No Violations Observed boardab! | | | | | | | | |
| Civian Constitution of the | | | | | | | | |
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| Received By: Jayre Carrao REHS: Show Wells | | | | | | | | |