

FOOD FACILITY INSPECTION REPORT

GLEN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

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

Name of Facility/ DBA: <u>Tobacco Road</u>		Inspection Date: <u>11/13/15</u>	
Address: <u>212 Walker St, Orland, CA 95963</u>		Reinspection Date (on or after): <u>Next Inspection</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>Ahmed Ilaym</u>	Phone No.: <u>988-9008</u>	Inspection Time: <u>11:40 am</u>	Permit Exp. Date:
Certified Food Handler: <u>- Packaged Food -</u>		Certificate Expiration Date: <u>-</u> <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 <u>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code (See reverse side of sheet for summary)</u>			

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			
<u>In</u>		1. Demonstration of knowledge				24. Person in charge present and performs duties		
<u>In</u>		2. Communicable disease restrictions				25. Personal cleanliness and hair restraints		
<u>In</u>	N/O	3. Discharge of eyes, nose, mouth				26. Approved thawing methods used		
<u>In</u>	N/O	4. Eating, tasting, drinking, tobacco use				27. Food separated and protected		
<u>In</u>	N/O	5. Hands clean & properly washed, glove use				28. Washing fruits and vegetables		
<u>In</u>		6. Handwashing facilities available				29. Toxic substances properly identified, stored and used		
<u>In</u>	N/A	N/O 7. Proper hot and cold food holding temps		<u>X</u>		30. Food storage, 31. Self service, 32. Labeled		
<u>In</u>	N/A	8. Time as a public health control, records				33. Nonfood contact surfaces clean		
<u>In</u>	N/A	N/O 9. Proper cooling methods				34. Warewashing facilities maintained, test strips		
<u>In</u>	N/A	N/O 10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair		
<u>In</u>	N/A	N/O 11. Reheating temperature for hot holding				36. Equipment, utensils and linens, storage and use		
<u>In</u>	N/A	N/O 12. Returned and reservice of food				37. Vending Machines		
<u>In</u>		13. Food safe and unadulterated		<u>X</u>		38. Adequate ventilation and lighting		
<u>In</u>	N/A	N/O 14. Food contact surfaces clean and sanitized				39. Thermometers provided and accurate		
<u>In</u>		15. Food from approved source				40. Wiping cloths properly used and stored		
<u>In</u>	N/A	N/O 16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention		
<u>In</u>	N/A	N/O 18. Compliance with HACCP plan				42. Garbage properly disposed; facilities maintained		
<u>In</u>	N/A	N/O 19. Advisory for raw/undercooked food				43. Toilet facilities supplied, properly constructed, clean		
<u>In</u>	N/A	20. Health care/ School prohibited food				44. Premises clean, vermin proof; personal items separate		
<u>In</u>		21. Hot & cold water. Temp: <u>102</u> °F		<u>X</u>		45. Floors, walls and ceilings maintained and clean		
<u>In</u>		22. Wastewater properly disposed				46. No unapproved living or sleeping quarters		
<u>In</u>		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: Correct the following:

1) Provide towels at handwash sink.

2) Cease storing detox drinks beneath hazardous chemicals (butane).

3) Provide hot water @ 120°F - Measured 102°F.

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