

**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: <i>Sunshine - The Herb Store</i>		Inspection Date: <i>2/1/16</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>3:30pm</i>	Permit Exp. Date:
Certified Food Handler: <i>- Prepackaged Food -</i>		Certificate Expiration Date: <i>-</i> <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 (See reverse side of sheet for summary)</i>			

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					
In								24. Person in charge present and performs duties			
In								25. Personal cleanliness and hair restraints			
In	N/O							26. Approved thawing methods used			
In	N/O							27. Food separated and protected			
In	N/O							28. Washing fruits and vegetables			
In							X	29. Toxic substances properly identified, stored and used			
In	N/A	N/O						30. Food storage, 31. Self service, 32. Labeled			
In	N/A							33. Nonfood contact surfaces clean			
In	N/A	N/O						34. Warewashing facilities maintained, test strips			
In	N/A	N/O						35. Equipment, utensils, approved, clean good repair			
In	N/A	N/O						36. Equipment, utensils and linens, storage and use			
In	N/A	N/O						37. Vending Machines			
In								38. Adequate ventilation and lighting			
In	N/A	N/O						39. Thermometers provided and accurate			
In	N/A	N/O						40. Wiping cloths properly used and stored			
In	N/A	N/O						41. Plumbing, proper backflow prevention			
In	N/A	N/O						42. Garbage properly disposed; facilities maintained			
In	N/A	N/O						43. Toilet facilities supplied, properly constructed, clean			
In	N/A	N/O						44. Premises clean, vermin proof; personal items separate			
In							X	45. Floors, walls and ceilings maintained and clean			
In								46. No unapproved living or sleeping quarters			
In								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 Restroom handwash sink.  
 2) Provide water of 120°F at Restroom handwash sink.  
 Measured 62°F. Operator states building owner is reding plumbing for building & will be fixed in a few days.

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