

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: <u>Orland Meat Processors</u>		Inspection Date: <u>3/11/16</u>	
Address: <u>308 W. Walker St, Orland, CA 95963</u>		Reinspection Date (on or after): <u>Next Inspection</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permitee: <u>Thomas Ball</u>	Phone No.: <u>865-7383</u>	Inspection Time: <u>1:45 pm</u>	Permit Exp. Date: <u> </u>
Certified Food Handler: <u>Tina Michelle Hanks</u>		Certificate Expiration Date: <u>8/6/20</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 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			
In									24. Person in charge present and performs duties		
In									25. Personal cleanliness and hair restraints		
In	N/O								26. Approved thawing methods used	X	X
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	X	
In	N/A	N/O							39. Thermometers provided and accurate		
In									40. Wiping cloths properly used and stored		
In	N/A	N/O							41. Plumbing, proper backflow prevention	X	
In	N/A	N/O							42. Garbage properly disposed; facilities maintained		
In	N/A	N/O							43. Toilet facilities supplied, properly constructed, clean	X	
In	N/A								44. Premises clean, vermin proof; personal items separate		
In									45. Floors, walls and ceilings maintained and clean		
In									46. No unapproved living or sleeping quarters		
In							X		47. Signs posted; Permit & inspection report available		
In									48. Plan Review Required		

No PHF []					
°F	Food	Location	°F	Food	Location
40	Animal Carcass	Back Walk-in	40	Steaks	Front Walk-in
47	Beef	Just packaged in cut room	38	Burgundy Beef	Meat Display Cooler
41	Pork	Middle Walk-in			

Comments: Correct the following:

2) Repair inoperable cold handle at women's restroom handwash sink.

22) Properly drain meat display case to evaporation pan, & low sink, etc. Currently drains to bucket.

26) Defrost meat in cooler w/ under cool running water (immediately abated)

3) Provide shield to light (uv) in front walk-in.

43) Provide self-closing device to women's restroom door.

10) Repair inoperable cold handle at 3-compartment sink.

Received By: X Frances REHS: John H. Wells