

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>Orland Livestock Commission Yard</i>		Inspection Date: <i>3/23/16</i>	
Address: <i>Highway 99 West, Orland, CA 95963</i>		Reinspection Date (on or after): <i>5/22/16</i> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <i>Marie & Ed Lacque</i>	Phone No.: <i>865-4327</i>	Inspection Time: <i>10:55am</i>	Permit Exp. Date:
Certified Food Handler: <i>- None Current -</i>		Certificate Expiration Date: <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			1. Demonstration of knowledge						X				24. Person in charge present and performs duties				Out	COS		
In			2. Communicable disease restrictions										25. Personal cleanliness and hair restraints							
In	N/O		3. Discharge of eyes, nose, mouth										26. Approved thawing methods used							
In	N/O		4. Eating, tasting, drinking, tobacco use										27. Food separated and protected							
In	N/O		5. Hands clean & properly washed, glove use										28. Washing fruits and vegetables							
In			6. Handwashing facilities available							X			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	N/O	8. Time as a public health control, records										33. Nonfood contact surfaces clean							
In	N/A	N/O	9. Proper cooling methods										34. Warewashing facilities maintained, test strips							
In	N/A	N/O	10. Proper cooking time and temps										35. Equipment, utensils, approved, clean good repair							
In	N/A	N/O	11. Reheating temperature for hot holding										36. Equipment, utensils and linens, storage and use							
In	N/A	N/O	12. Returned and reservice of food										37. Vending Machines							
In			13. Food safe and unadulterated										38. Adequate ventilation and lighting							
In	N/A	N/O	14. Food contact surfaces clean and sanitized										39. Thermometers provided and accurate							
In			15. Food from approved source										40. Wiping cloths properly used and stored							
In	N/A	N/O	16. Shell stock tags, 17. Gulf Oyster regs										41. Plumbing, proper backflow prevention							
In	N/A	N/O	18. Compliance with HACCP plan										42. Garbage properly disposed; facilities maintained							
In	N/A	N/O	19. Advisory for raw/undercooked food										43. Toilet facilities supplied, properly constructed, clean							
In	N/A		20. Health care/ School prohibited food										44. Premises clean, vermin proof; personal items separate							
In			21. Hot & cold water. Temp: <i>126</i> °F										45. Floors, walls and ceilings maintained and clean							
In			22. Wastewater properly disposed										46. No unapproved living or sleeping quarters							
In			23. No rodents, insects, birds, animals										47. Signs posted; Permit & inspection report available							
													48. Plan Review Required				X			

No PHF []					
°F	Food	Location	°F	Food	Location
35	Hamburgers	Bottom of Prep Cooler	41	Milk	Refrigerator/Freezer
41	Taco Meat	1-Door Cooler			

** Plans required for Ice Machine, Drainage, FRP (Minor plan check => \$100 fee)*

Comments:
Correct the following:

1) Obtain a food safety manager for the facility. Facility has lacked food safety manager for over 16 months. Final Compliance Date => 5/22/16. If ~~facility~~ *facility* does not obtain certification by that date, enforcement action to suspend the permit & close the facility will be taken.

2) Provide handwash soap from a dispense.

18) Submit plans for review for recently installed ice machine.

Received By: *Cathy Miller* REHS: *John H. Wells*