

FOOD FACILITY INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

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

Name of Facility/ DBA: KEVIN'S CANDIES		Inspection Date: 4/26/19	
Address: 9190 JEAN ST., LIVE OAK		Reinspection Date (on or after): NEXT INSPECTION <small>(Reinspections are subject to fees)</small>	
Owner/Permitee: ALEJANDRINA CELALLA	Phone No.:	Inspection Time: 9:30	Permit Exp. Date:
Certified Food Handler: N/A		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			
<input checked="" type="checkbox"/> In	1. Demonstration of knowledge				24. Person in charge present and performs duties	Out	COS
<input checked="" type="checkbox"/> In	2. Communicable disease restrictions				25. Personal cleanliness and hair restraints		
<input checked="" type="checkbox"/> In	3. Discharge of eyes, nose, mouth				26. Approved thawing methods used		
<input checked="" type="checkbox"/> In	4. Eating, tasting, drinking, tobacco use				27. Food separated and protected		
<input checked="" type="checkbox"/> In	5. Hands clean & properly washed, glove use				28. Washing fruits and vegetables		
<input checked="" type="checkbox"/> In	6. Handwashing facilities available				29. Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> In	7. Proper hot and cold food holding temps				30. Food storage, 31. Self service, <u>32. Labeled</u>		X
<input checked="" type="checkbox"/> In	8. Time as a public health control, records				33. Nonfood contact surfaces clean		
<input checked="" type="checkbox"/> In	9. Proper cooling methods				34. Warewashing facilities maintained, test strips		
<input checked="" type="checkbox"/> In	10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair		
<input checked="" type="checkbox"/> In	11. Reheating temperature for hot holding				36. Equipment, utensils and linens, storage and use		
<input checked="" type="checkbox"/> In	12. Returned and reservice of food				37. Vending Machines		
<input checked="" type="checkbox"/> In	13. Food safe and unadulterated				38. Adequate ventilation and lighting		
<input checked="" type="checkbox"/> In	14. Food contact surfaces clean and sanitized				39. Thermometers provided and accurate		
<input checked="" type="checkbox"/> In	15. Food from approved source				40. Wiping cloths properly used and stored		
<input checked="" type="checkbox"/> In	16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention		
<input checked="" type="checkbox"/> In	18. Compliance with HACCP plan				42. Garbage properly disposed; facilities maintained		
<input checked="" type="checkbox"/> In	19. Advisory for raw/undercooked food				43. Toilet facilities supplied, properly constructed, clean		
<input checked="" type="checkbox"/> In	20. Health care/ School prohibited food				44. Premises clean, vermin proof; personal items separate		
<input checked="" type="checkbox"/> In	21. Hot & cold water. Temp: _____ °F				45. Floors, walls and ceilings maintained and clean		
<input checked="" type="checkbox"/> In	22. Wastewater properly disposed				46. No unapproved living or sleeping quarters		
<input checked="" type="checkbox"/> In	23. No rodents, insects, birds, animals				47. Signs posted; Permit & inspection report available		
					48. Plan Review Required		

No PHF

°F	Food	Location	°F	Food	Location

Comments:

VIOLATIONS:

32 CANDIES REMOVED FROM ORIGINAL PACKAGING, SHALL BE LABELED WITH ORIGINAL LABEL INFORMATION. OBSERVED CUCHARON SPOONS THAT WERE TAKEN OUT OF ORIGINAL PACKAGE & SOLD WITHOUT LABELS.

Received By: X Ismael Celalla REHS: Andrew A. Peryo