

FOOD FACILITY INSPECTION REPORT
GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

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

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|--|-------------------------------------|---|-------------------|
| Name of Facility/ DBA: <i>Orland Arco AMPM</i> | | Inspection Date: <i>5/7/15</i> | |
| Address: <i>902 Newville Rd, Orland, CA 95963</i> | | Reinspection Date (on or after): <i>Next inspection</i> <small>(Reinspections are subject to fees)</small> | |
| Owner/Permitee: <i>Tony Mehroke</i> | Phone No.: <i>(707) 239-0695</i> | Inspection Time: <i>1:45pm</i> | Permit Exp. Date: |
| Certified Food Handler: <i>Kulvas Mehroke</i> | | Certificate Expiration Date: <i>10/21/15</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 | Out | COS |
| 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 | X | |
| 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 | | | | | | | | | 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 | X | |
| 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 | | | | | | | | | 47. Signs posted; Permit & inspection report available | | |
| In | | | | | | | | | 48. Plan Review Required | | |

| No PHF [] | | | | | |
|------------|--------------|--|-----|-----------------|-------------------------|
| °F | Food | Location | °F | Food | Location |
| 137 | Hot Dog | Hot holding unit | 40 | chirizo Burrito | Burrito/sandwich cooler |
| 35 | Corn Dog | undercounter cooler behind service counter | 139 | Chili | chili/cheese warmer |
| 42 | Cut Tomatoes | condiment cooler | 40 | Milk (ambient) | walk-in cooler |

Comments: Correct the following:

6) Provide towels at dishwash area handwash sink.

36) Provide ~~#~~ smooth, cleanable shelves in 2-dow freezer in storage room. Current shelves are porous plywood.

12) Maintain dumpster lids closed.

13) Repair self-closing device on restroom door.

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| Received By: <i>[Signature]</i> | REHS: <i>John H. Wells</i> |
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