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: SavMor	Inspection Date: 6/2/16
Address: 32E. Walker St, Orland, CA 95963	Reinspection Date (on or after): By Appointment (Reinspections are subject to fees)
Owner/Permitee: North State Grocery — Phone No.: 865-2112	Inspection Time: 11:35 am — Permit Exp. Date:
Certified Food Handler: James Caswell (+ others)	Certificate Expiration Date: 6/13/19 (Certificate expires five years after it is issued)

Service: ☐ Routine Inspection ☐ Reinspection ☒ Complaint ☐ Construction/Pre-opening ☐ 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		Out	COS
In			1. Demonstration of knowledge				24. Person in charge present and performs duties		
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				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		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: _____ °F				45. Floors, walls and ceilings maintained and clean		
In			22. Wastewater properly disposed	X		X	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		

No PHF [ ]

°F	Food	Location	°F	Food	Location
* The Deli Department/Bakery Department is closed, with exception of the cake making area. Do not reopen without approval from our department.					

Comments:

* This is a complaint inspection of sewage backup in deli/~~bakery~~ bakery department.

Critical/Closure Violation

22) Eliminate wastewater discharge to floor of bakery/deli from clogged floor sink beneath 3-compartment sink. Clean & sanitize area after repair.

Received By: [signature] REHS: John H. Wells

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Address: 32 E. Walker St, Orland, CA 95963		Reinspection Date (on or after): — (Reinspections are subject to fees)	
Owner/Permitee: North State Grocery	Phone No.:	Inspection Time: 1:40 pm	Permit Exp. Date:
Certified Food Handler: James Carswell (+others)		Certificate Expiration Date: 6/13/19 (Certificate expires five years after it is issued)	

Service: ☐ Routine Inspection ☒ Reinspection ☐ Complaint ☐ Construction/Pre-opening ☐ Other:

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No PHF [ ]

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* Facility's Bakery/Deli department is approved to reopen.					
Floor sink is draining properly.					

Comments:

Received By: [signature]

REHS: John H. Wells