apetyo@countryofglean.net

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

225 N. Tehama Street, Willows, CA 95988 Phone (530) 934-6102 FAX (530) 934-6103 Page 1 of ______

Name of Facility/ DB	A:					707754-0105	Inspection Date:			
Address: BOS 4 TH STREET ORIAND, CA 75963 (Reinspection Date (on or after): Reinspections are subject to fees) Owner/Permitee: Phone No.: Inspection Time: Permit Ex										
Address:							Reinspection Date (on or after):			
805 4 STREET, ORL				Di	CA	95963	(Reinspections are subject to fees)			
Owner/Permitee:			P	Phone No.:			Inspection Time: Permit Exp. Date:			
CASEN BARKER							9:00			
Certified Food Handler: Mark.							Certificate Expiration Date:			
- NONE CURRENT				(Certificate expires five years a					ed)	- 1
Service: Rou	itine Inspe	ction Reinspection Com	plaint	□ Co	nstructio	on/Pre-opening	Other:		,	
Applicable Law CALIFO	ORNIA RETA	AIL FOOD CODE ("CalCode), Beginning with	h section	113700, C	alifornia	Health and Safety Code (See reverse side of sheet for sum	mary)		
In = In complia	nce N	A = Not Applicable N/O = Not Obse	erved	Maj = N	faior vic	olation Out = Items	not in compliance COS	= Corrected	On Site	,
21. 21. 40.11.11.1		Critical Risk Factors for Disease Maj Out COS		(II) (K)			Out	COS		
In	Demonstration of knowledge			×			charge present and performs duties			
In N/O	Communicable disease restrictions Discharge of eyes, nose, mouth		-	-			eanliness and hair restraints thawing methods used			
In N/O		ng, tasting, drinking, tobacco use		×			d separated and protected			
ln N/O	5. Hand	ds clean & properly washed, glove use					8. Washing fruits and vegetables			
M N/A N/O		6. Handwashing facilities available					9. Toxic substances properly identified, stored and used			
In N/A N/O	7. Proper hot and cold food holding temps 8. Time as a public health control, records						ood storage, 31. Self service 32. Labeled onfood contact surfaces clean			
In N/A N/O	9. Prop	9. Proper cooling methods 34. Warewashing facilities				cilities maintained, test strips				
In N/A N/O		10. Proper cooking time and temps					sils, approved, clean good re		X	
In N/A N/O n/A N/O		11. Reheating temperature for hot holding 12. Returned and reservice of food				36. Equipment, uten 37. Vending Machin	sils and linens, storage and u	ise		
TWIT ING	13. Food safe and unadulterated					38. Adequate ventila				
In N/A N/O		14. Food contact surfaces clean and sanitized 39. Thermometers provided and acc								
In MA N/O		15. Food from approved source					roperly used and stored er backflow prevention		X	
In N/O N/O	16. Shell stock tags, 17. Gulf Oyster regs 18. Compliance with HACCP plan						y disposed; facilities maintain	ned	0	
In N/A N/O	N/O 19. Advisory for raw/undercooked food					43. Toilet facilities	supplied, properly constructed	d, clean		
211							vermin proof; personal items			
(In)	21. Hot & cold water. Temp: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-	_			s and ceilings maintained and clean			
	23. No rodents, insects, birds, animals					# 46 No linapproved	living or sleening quarters			
(In							living or sleeping quarters ermit & inspection report avai	ilable		
							rmit & inspection report avai	ilable		
						47. Signs posted; Pe	rmit & inspection report avai	ilable		
	23. No			l oF		47. Signs posted; Pe	rmit & inspection report avai			
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OFFICIAL INSPECTION REPORT

Continuation Sheet

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225 N. Tehama Street, Willows, CA 95988 Phone (530) 934-6102 FAX (530) 934-6103 Page _____ of _____

Name of Facility / DBA: Inspection Date:
OLD BAGS BAKERY & THINGS 118/24
Address:
Owner/Permitee:
Comments:
Comments.
32) CONTAINER.
33 RE-SECURE HAND TOWER DISPENSER TO THE
WALL.
35) REPLACE NON-COMMERCIAL APPLIANCES W
COMMERCIAL GRADE MODELS IN A PETAL FOOD
FROUIDE A BACKFLOW PREVENTION DEVICE ON
FIPROVIDE A BACKFLOW PREVENTION DEVICE ON
THE BACK MOPSINK.
Received By: REHS: REHS:
1