

COTTAGE FOOD OPERATION – OFFICIAL INSPECTION REPORT
GLENN COUNTY ENVIRONMENTAL HEALTH

257 North Villa Avenue, Willows, CA 95988
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Name of Cottage Food Operation/DBA: TIN CUP MARKET (OFF DUTY COFFEE)		Inspection Date: 1/3/23	
Address: 7948 COUNTY ROAD 36		Reinspection Date (on or after): NEXT INSPECTION <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: STEVEN GRESBRECHT	Phone Number: 330-9043	Inspection Time In: 9:30	Inspection Time Out:
Operation Type: <input type="checkbox"/> Class A – Direct Sales Only <input checked="" type="checkbox"/> Class B – Direct or Indirect Sales	Service: <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> Initial/Pre-Opening	Permit/Registration #	Expiration Date:


Demonstration of Knowledge	Out	Facility Requirements	Out
1. Self-certification checklist submitted (class A)	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	15. Adequate storage for food and related equipment	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
2. Food processor course completed	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	16. Food preparation occurs in kitchen of CFO	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Employee Health and Hygiene Practices	Out	17. CFO located in private dwelling/operator residence	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
3. No ill employees or workers	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Labeling	Out
4. No smoking in CFO	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	18. "Made in Home Kitchen" on package	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
5. Employees shall not contaminate food	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	19. Common name of product on package	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Prevent Contamination by Hands	Out	20. Name of CFO on package	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
6. Hand washing station stocked and available	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	21. Ingredients list on package	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
7. Hands washed prior to food preparation	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	22. Registration or permit number of package	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
8. Proper glove use	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Vermin	Out
Approved Food Items	Out	23. No rodents, insects, or animals in CFO	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
9. Food prepared from approved food list only water	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Compliance and Enforcement	Out
10. Potable Water Source	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	24. CFO operating with valid permit/registration	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
Protection from Contamination	Out	25. Approved direct sales to customers	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
11. Food free from contamination and adulteration	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	26. Approved indirect sales to customers	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
12. Kitchen equipment and utensils clean and in good repair	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	27. Approved number of employees	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
13. Food contact surfaces cleaned and sanitized	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	28. Meets gross sales requirements	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O
14. No infants, small children, or pets in kitchen during CFO hours	<input type="checkbox"/> In <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Other	Out
		29.	<input type="checkbox"/> In <input type="checkbox"/> N/A <input type="checkbox"/> N/O

Out = Out of compliance In = In Compliance N/A = Not Applicable N/O = Not Observed

Comments:

- INSTALL CARBON MONOXIDE ALARM IN ADJACENT HALLWAY.

**** BUSINESS NAME CHANGE TO "OFF DUTY COFFEE"**

Received By:  REHS: 