

**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: <u>Grocery outlet</u>		Inspection Date: <u>10/14/18</u>	
Address: <u>1025 South St, Orland, CA 95963</u>		Reinspection Date (on or after): <u>Next Inspection</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>Grocery Outlet, Inc.</u>	Phone No.: <u>865-4235</u>	Inspection Time: <u>1:30 pm</u>	Permit Exp. Date:
Certified Food Handler: <u>- Packaged Food -</u>		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 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
<input checked="" type="checkbox"/>	In	1. Demonstration of knowledge							
<input checked="" type="checkbox"/>	In	2. Communicable disease restrictions							
<input checked="" type="checkbox"/>	In	3. Discharge of eyes, nose, mouth	N/O						
<input checked="" type="checkbox"/>	In	4. Eating, tasting, drinking, tobacco use	N/O						
<input checked="" type="checkbox"/>	In	5. Hands clean & properly washed, glove use	N/O						
<input checked="" type="checkbox"/>	In	6. Handwashing facilities available							
<input checked="" type="checkbox"/>	In	7. Proper hot and cold food holding temps	N/A	N/O					
<input checked="" type="checkbox"/>	In	8. Time as a public health control, records	N/A						
<input checked="" type="checkbox"/>	In	9. Proper cooling methods	N/A	N/O					
<input checked="" type="checkbox"/>	In	10. Proper cooking time and temps	N/A	N/O					
<input checked="" type="checkbox"/>	In	11. Reheating temperature for hot holding	N/A	N/O					
<input checked="" type="checkbox"/>	In	12. Returned and reservice of food	N/A	N/O					
<input checked="" type="checkbox"/>	In	13. Food safe and unadulterated							
<input checked="" type="checkbox"/>	In	14. Food contact surfaces clean and sanitized	N/A	N/O					
<input checked="" type="checkbox"/>	In	15. Food from approved source							
<input checked="" type="checkbox"/>	In	16. Shell stock tags, 17. Gulf Oyster regs	N/A	N/O					X
<input checked="" type="checkbox"/>	In	18. Compliance with HACCP plan	N/A	N/O					
<input checked="" type="checkbox"/>	In	19. Advisory for raw/undercooked food	N/A	N/O					
<input checked="" type="checkbox"/>	In	20. Health care/ School prohibited food	N/A						
<input checked="" type="checkbox"/>	In	21. Hot & cold water. Temp: <u>122</u> °F							
<input checked="" type="checkbox"/>	In	22. Wastewater properly disposed							
<input checked="" type="checkbox"/>	In	23. No rodents, insects, birds, animals							
		24. Person in charge present and performs duties							
		25. Personal cleanliness and hair restraints							
		26. Approved thawing methods used							
		27. Food separated and protected							
		28. Washing fruits and vegetables							
		29. Toxic substances properly identified, stored and used							
		30. Food storage, 31. Self service, 32. Labeled							
		33. Nonfood contact surfaces clean							
		34. Warewashing facilities maintained, test strips							
		35. Equipment, utensils, approved, clean good repair							
		36. Equipment, utensils and linens, storage and use							
		37. Vending Machines							
		38. Adequate ventilation and lighting							
		39. Thermometers provided and accurate							
		40. Wiping cloths properly used and stored							
		41. Plumbing, proper backflow prevention							X
		42. Garbage properly disposed; facilities maintained							
		43. Toilet facilities supplied, properly constructed, clean							
		44. Premises clean, vermin proof; personal items separate							
		45. Floors, walls and ceilings maintained and clean							
		46. No unapproved living or sleeping quarters							
		47. Signs posted; Permit & inspection report available							
		48. Plan Review Required							

No PHF [ ]					
°F	Food	Location	°F	Food	Location
39	Chicken Legs	open face meat display cooler at entrance	40	Sartate Chk Salad	salad display cooler at back wall
39	Ground Beef	Back-of-house Meat Walk-in cooler	40	Sausage	Deli display cooler at back wall
39	Milk	Dairy walk-in cooler	37	Yogurt	" "
45	Shell Eggs	Egg display cooler (45°F OK)			
Comments:					
40	Pork Roast	meat display cooler at back wall			
39	Sprouts	veggie display cooler at back wall			

1) Repair/replace leaking backflow prevention device at mop sink

Received By: X C. H. H. REHS: John H. Wells