FOOD FACILITY INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT 225 N. Tehama Street, Willows, CA 95988

Page 1 of

Tax on W.	/ DD /		Phone (530) 9	934-6102	FAX (5.	30) 934-6103				
Name of Facility								Inspection Date:			
Address: FOI YTH ST., ORIAND, CA								12/14/23			
Address:	_		Reinspection Date (on or after):								
701	+ te	STI DRUBUID	NEXT (WYECTON (Reinspections are subject to fees)								
Owner/Permitee:	_	21.101	Inspection Time:	Permit Ex							
Owner/Permitee: Phone No.:								4:00		1	
I ANDA DECL											
Certified Food Handler:								Certificate Expiration Da	te:		
- PA	450	as food -	(Certificate expires five year	s after it is issu	ied)						
Service:	ine Inspec	Other:									
Applicable Law CA	LIFOI	RNIA RETA	IL FOOD CODE ("CalCode), Beginning with	i sectio	on 113700, C	alifornia	Health and Safety Code (See reverse side of sheet for su	mmary)		
		3.77	A N. A C. A. C.	-			1.1 0. 1				
In = In con	npliar		A = Not Applicable N/O = Not Obse	_		Major vio	olation Out = Items	as not in compliance COS = Corrected			
150	400		ritical Risk Factors for Disease onstration of knowledge	Ma	j Out	COS	24 Person in charge	present and performs duti	20	Out	COS
In 2. (nunicable disease restrictions					24. Person in charge present and performs duties 25. Personal cleanliness and hair restraints			
	N/O 3. Discharge of eyes, nose, mouth							roved thawing methods used			
h	V/O 4. Eating, tasting, drinking, tobacco use						27. Food separated a				
In N	N/O 5. Hands clean & properly washed, glove use						28. Washing fruits a				
In a	6. Handwashing facilities available							tances properly identified, stored and used			
In N/A N								31. Self service, 32. Labeled			
In N/A							33. Nonfood contact				
The same of the sa	/O		er cooling methods					facilities maintained, test strips			
								sils, approved, clean good			
	N/O 11. Reheating temperature for hot holding			-				sils and linens, storage and			
	N/O 12. Returned and reservice of food 13. Food safe and unadulterated						37. Vending Machin				-
In N/A N	N/O 14. Food contact surfaces clean and sanitized							tilation and lighting sprovided and accurate			
In (N/A) IN				_	_			ns properly used and stored			
								mbing, proper backflow prevention			
								roperly disposed; facilities maintained			
(/								lities supplied, properly constructed, clean			
In N/A								clean, vermin proof; personal items separate			
In 21. Hot & cold water. Temp: 70 °F						45. Floors, walls and	and ceilings maintained and clean				
(n) 22. Wastewater properly disposed			tewater properly disposed				46. No unapproved	ed living or sleeping quarters			
(In)		23. No rodents, insects, birds, animals					47. Signs posted; Permit & inspection report available				
7.5 (48. Plan Review Required				
N. DIED X											
No PHF											
°F / I	Food Location			°F Food Location		cation					
Comments:					-	-		1			
(45) REPAIR THE COVING COMING OFF OF THE WALLS IN											
						1	1	1 th wat			
THE EMPLOYER REST ROOM.											
		10					Λ				
	1		0 0 00					1)		
Received By: REHS: ANDREW A TOTAL											