

**FOOD FACILITY INSPECTION REPORT**  
**GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT**

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

Name of Facility/ DBA: <u>Orland Food &amp; Liquor</u>		Inspection Date: <u>12/15/22</u>	
Address: <u>150 E. Walker St, Orland, CA 95953</u>		Reinspection Date (on or after): <u>Next Inspection</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>Orland Food &amp; Liquor</u>	Phone No.:	Inspection Time: <u>3:50 pm</u>	Permit Exp. Date:
Certified Food Handler: <u>- Prepackaged Food Only -</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 <u>CALIFORNIA RETAIL FOOD CODE</u> ("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		
<input checked="" type="checkbox"/> In		1. Demonstration of knowledge					24. Person in charge present and performs duties	Out	COS
<input checked="" type="checkbox"/> In		2. Communicable disease restrictions					25. Personal cleanliness and hair restraints		
<input checked="" type="checkbox"/> In	N/O	3. Discharge of eyes, nose, mouth					26. Approved thawing methods used		
<input checked="" type="checkbox"/> In	N/O	4. Eating, tasting, drinking, tobacco use					27. Food separated and protected		
<input checked="" type="checkbox"/> In	N/O	5. Hands clean & properly washed, glove use					28. Washing fruits and vegetables		
<input checked="" type="checkbox"/> In		6. Handwashing facilities available					29. Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> In	<del>N/A</del> N/O	7. Proper hot and cold food holding temps					30. Food storage, 31. Self service, 32. Labeled		
<input checked="" type="checkbox"/> In	<del>N/A</del> N/O	8. Time as a public health control, records					33. Nonfood contact surfaces clean		
<input checked="" type="checkbox"/> In	<del>N/A</del> N/O	9. Proper cooling methods					34. Warewashing facilities maintained, test strips		
<input checked="" type="checkbox"/> In	<del>N/A</del> N/O	10. Proper cooking time and temps					35. Equipment, utensils, approved, clean good repair		
<input checked="" type="checkbox"/> In	<del>N/A</del> N/O	11. Reheating temperature for hot holding					36. Equipment, utensils and linens, storage and use		
<input checked="" type="checkbox"/> In	<del>N/A</del> N/O	12. Returned and reservice of food					37. Vending Machines		
<input checked="" type="checkbox"/> In		13. Food safe and unadulterated					38. Adequate ventilation and lighting		
<input checked="" type="checkbox"/> In	N/A N/O	14. Food contact surfaces clean and sanitized					39. Thermometers provided and accurate		
<input checked="" type="checkbox"/> In	<del>N/A</del> N/O	15. Food from approved source					40. Wiping cloths properly used and stored		
<input checked="" type="checkbox"/> In	<del>N/A</del> N/O	16. Shell stock tags, 17. Gulf Oyster regs					41. Plumbing, proper backflow prevention		
<input checked="" type="checkbox"/> In	<del>N/A</del> N/O	18. Compliance with HACCP plan					42. Garbage properly disposed; facilities maintained		
<input checked="" type="checkbox"/> In	<del>N/A</del> N/O	19. Advisory for raw/undercooked food					43. Toilet facilities supplied, properly constructed, clean	X	
<input checked="" type="checkbox"/> In	<del>N/A</del> N/O	20. Health care/ School prohibited food					44. Premises clean, vermin proof; personal items separate		
<input checked="" type="checkbox"/> In		21. Hot & cold water. Temp: <u>115</u> °F		X			45. Floors, walls and ceilings maintained and clean		
<input checked="" type="checkbox"/> In		22. Wastewater properly disposed					46. No unapproved living or sleeping quarters		
<input checked="" type="checkbox"/> In		23. No rodents, insects, birds, animals					47. Signs posted; Permit & inspection report available		
							48. Plan Review Required		

No PHF <input checked="" type="checkbox"/>					
°F	Food	Location	°F	Food	Location

Comments:

1) Provide hot water at 120°F. Measured 115°F.

3) Provide self-closing device on restroom door.

Received By: MARK REHS: John H. Wells