

FOOD FACILITY INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

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

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| | | |
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| Name of Facility/ DBA: HEALTH HABIT | | Inspection Date: 12/6/22 |
| Address: 231 W. SYCAMORE AVE, WILLOWS, CA | | Reinspection Date (on or after): NEXT INSPECTION <small>(Reinspections are subject to fees)</small> |
| Owner/Permittee: MELISSA & WILLIE BRAVERS | Phone No.: | Inspection Time: 3:30 |
| Certified Food Handler: MELISSA BRAVERS | | Permit Exp. Date: |
| 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: | | Certificate Expiration Date: 3/21/24 <small>(Certificate expires five years after it is issued)</small> |
| 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 | | | |
| In | | | | | | | | | 24. Person in charge present and performs duties | | |
| In | | | | | | | | | 25. Personal cleanliness and hair restraints | | |
| In | N/O | | | | | | | | 26. Approved thawing methods used | | |
| In | N/O | | | | | | | | 27. Food separated and protected | | |
| In | N/O | | | | | | | | 28. Washing fruits and vegetables | | |
| In | | | | | | | | | 29. Toxic substances properly identified, stored and used | | |
| In | N/A | N/O | | | | | | | 30. Food storage, 31. Self service, 32. Labeled | | |
| In | N/A | | | | | | | | 33. Nonfood contact surfaces clean | | |
| In | N/A | N/O | | | | | | | 34. Warewashing facilities maintained, test strips | | |
| In | N/A | N/O | | | | | | | 35. Equipment, utensils, approved, clean good repair | | |
| In | N/A | N/O | | | | | | | 36. Equipment, utensils and linens, storage and use | | |
| In | N/A | N/O | | | | | | | 37. Vending Machines | | |
| In | | | | | | | | | 38. Adequate ventilation and lighting | | |
| In | N/A | N/O | | | | | | | 39. Thermometers provided and accurate | | |
| In | | | | | | | | | 40. Wiping cloths properly used and stored | | |
| In | N/A | N/O | | | | | | | 41. Plumbing, proper backflow prevention | | |
| In | N/A | N/O | | | | | | | 42. Garbage properly disposed; facilities maintained | | |
| In | N/A | N/O | | | | | | | 43. Toilet facilities supplied, properly constructed, clean | | |
| In | N/A | | | | | | | | 44. Premises clean, vermin proof; personal items separate | | |
| In | | | | | | | | | 45. Floors, walls and ceilings maintained and clean | | |
| In | | | | | | | | | 46. No unapproved living or sleeping quarters | | |
| In | | | | | | | | | 47. Signs posted; Permit & inspection report available | | |
| | | | | | | | | | 48. Plan Review Required | | |

| No PHF [] | | | | | |
|------------|--------|------------------------|----|------|----------|
| °F | Food | Location | °F | Food | Location |
| 36 | CHEESE | 3-DOOR REACH-IN FRIDGE | | | |
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| | | | | | |
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Comments:

- NO VIOLATIONS AT THE TIME OF INSPECTION

** FACILITY IS CLEAN & WELL MAINTAINED **

Received By: *Kaitly H.* REHS: *Andrew Rayo*