## FOOD FACILITY INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
225 N. Tehama Street, Willows, CA 95988
Phone (530) 934-6102 FAY (530) 934-6103

Page 1 of 1

					Phone (	530) 934	-6102	FAX (5:	30) 934-6103					
Name of Facility/ DBA:    Inspection Date:														
211 25 1000										Reinspection Date (on or after): * NEXT RE-INSEL  22 WILL BE SUBJECT				
Address:											te (on or after 22 んい	C BES	HIB YE	CT
Owner/Permitee: Phone No.:										(Reinspections are su Inspection Time				
TERESA WORK & MIKE CHEW											.   Pi	Permit Exp. Date:		
Certified Food Handler GR											ration Date:			
			THE OW	- 15					- 1					
Service	- EXPIRED  Service: Routine Inspection Reinspection Complaint Construction/Pre-opening										s five years afte	r it is issued	)	
_				IL FOOD CODE ("CalC							heet for summar	v)		$\neg$
												37		
								Major vic						000
In		Critical Risk Factors for Disease Maj  1. Demonstration of knowledge				Out	COS	24 Parson in charge	Out COS ge present and performs duties				COS	
In			Communicable disease restrictions							iness and hair restraints				
In		N/O	3. Discharge of eyes, nose, mouth						26. Approved thawi					
In		N/O	4. Eating, tasting, drinking, tobacco use					7	27. Food separated					
In		N/O	5. Hands clean & properly washed, glove use					1	28. Washing fruits a					
In In	N/A	N/O	6. Handwashing facilities available 7. Proper hot and cold food holding temps					12		es properly identified, stored and used				
In	N/A	100	8. Time as a public health control, records					1	33. Nonfood contact					
In	N/A	N/O	O 9. Proper cooling methods							facilities maintained, test strips				
In	N/A		N/O 10. Proper cooking time and temps							nsils, approved, clean good repair				
In In	N/A N/A	N/O 11. Reheating temperature for hot holding N/O 12. Returned and reservice of food					1	1	37. Vending Machin	ensils and linens, storage and use				
In	14/21	13. Food safe and unadulterated					$\sim$		38 Adequate ventila			-	-	
In	N/A N/O 14. Food contact surfaces clean and sanitized							39. Thermometers p	rovided and accur					
In	15. Food from approved source								properly used and stored					
In In						-		-		per backflow prevention				
In										perly disposed; facilities maintained ies supplied, properly constructed, clean				
In										clean, vermin proof; personal items separate				
In	In 21. Hot & cold water. Temp: °F								45. Floors, walls and	, walls and ceilings maintained and clean				
In			22. Wastewater properly disposed							napproved living or sleeping quarters				
In			23. No rodents, insects, birds, animals							sted; Permit & inspection report available				
48. Plan Review Required														
No P	HF	[ ]												
۰F		Food Location				۰F		Food	Locatio	n				
39	POOLED		2	KITCHEN										
21	5 2645			TREP C	BU LEIC									
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Con	ımen	ts:												
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	140	<u> </u>	000	9 LIVE	COCKI	ZOA	utt	ES	But St	TLL PE	QUIP	ES 7	HXCIP	EMEN
OF	= }	105	T V	OLATION	S LIST	721	> 40	7	11/3/21 14	SPEET	ON . +	+ RE-	INSF	ECTO
110	0	-		^	1									1
HAS BEEN SCHEDULED (CHARGABUE) TO VERIFY COMPLIANCE \$														*
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C	ORR	E	TET	EMAINING	FROM	KER	379	100	RECTED	1 -01 (	ron	5	4-1	•
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