

# 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>COLLECTIVE HABITS</u>		Inspection Date: <u>2/13/24</u>	
Address: <u>502 WALKER ST., ORLAND CA 95963</u>		Reinspection Date (on or after): <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>DIONNE JACKSON</u>	Phone No.:	Inspection Time: <u>9:00</u>	Permit Exp. Date:
Certified Food Handler: <u>- NOT REQUIRED</u>		Certificate Expiration Date: <small>(Certificate expires five years after it is issued)</small>	
Service: <input type="checkbox"/> Routine Inspection <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input checked="" 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
In		1. Demonstration of knowledge							24. Person in charge present and performs duties		
In		2. Communicable disease restrictions							25. Personal cleanliness and hair restraints		
In	N/O	3. Discharge of eyes, nose, mouth							26. Approved thawing methods used		
In	N/O	4. Eating, tasting, drinking, tobacco use							27. Food separated and protected		
In	N/O	5. Hands clean & properly washed, glove use							28. Washing fruits and vegetables		
In		6. Handwashing facilities available							29. Toxic substances properly identified, stored and used		
In	N/A	7. Proper hot and cold food holding temps	N/O						30. Food storage, 31. Self service, 32. Labeled		
In	N/A	8. Time as a public health control, records							33. Nonfood contact surfaces clean		
In	N/A	9. Proper cooling methods	N/O						34. Warewashing facilities maintained, test strips		
In	N/A	10. Proper cooking time and temps	N/O						35. Equipment, utensils, approved, clean good repair		
In	N/A	11. Reheating temperature for hot holding	N/O						36. Equipment, utensils and linens, storage and use		
In	N/A	12. Returned and reservice of food	N/O						37. Vending Machines		
In		13. Food safe and unadulterated							38. Adequate ventilation and lighting		
In	N/A	14. Food contact surfaces clean and sanitized	N/O						39. Thermometers provided and accurate		
In		15. Food from approved source							40. Wiping cloths properly used and stored		
In	N/A	16. Shell stock tags, 17. Gulf Oyster regs	N/O						41. Plumbing, proper backflow prevention		
In	N/A	18. Compliance with HACCP plan	N/O						42. Garbage properly disposed; facilities maintained		
In	N/A	19. Advisory for raw/undercooked food	N/O						43. Toilet facilities supplied, properly constructed, clean		
In	N/A	20. Health care/ School prohibited food	N/O						44. Premises clean, vermin proof; personal items separate		
In		21. Hot & cold water. Temp: <u>61</u> °F					X		45. Floors, walls and ceilings maintained and clean		
In		22. Wastewater properly disposed							46. No unapproved living or sleeping quarters		
In		23. No rodents, insects, birds, animals							47. Signs posted; Permit & inspection report available		
									48. Plan Review Required		

No PHF

°F	Food	Location	°F	Food	Location

Comments:

\*\* FACILITY IS APPROVED TO OPEN ON THE ABOVE DATE & TIME. THIS DOCUMENT WILL ACT AS A TEMP. OPERATING PERMIT UNTIL A PERMANENT ONE CAN BE MAILED TO YOU. ONCE PERMIT FEES ARE PAID THE PERMIT WILL BE VALID.

(21) PROVIDE WARM WATER OF AT LEAST 100°F AT THE BATHROOM SINK.

Received By:

*[Signature]*

REHS:

*[Signature]*