

FOOD FACILITY INSPECTION REPORT
GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

247 North Villa Avenue, Willows, CA 95988
 Phone (530) 934-6102 FAX (530) 934-6103

Name of Facility/ DBA: <u>THE LAST STAND</u>		Inspection Date: <u>3/27/19</u>	
Address: <u>414 N. TEHAMA ST., WILLOWS, CA</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>SANDY & TONY HOBBS</u>	Phone No.:	Inspection Time: <u>11:00</u>	Permit Exp. Date:
Certified Food Handler: <u>JIM YODER</u>		Certificate Expiration Date: <u>9/24/20</u> <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 ("CalCode), Beginning with section 113700, California Health and Safety Code</u> (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
<input checked="" type="checkbox"/>	In									24. Person in charge present and performs duties	
<input checked="" type="checkbox"/>	In									25. Personal cleanliness and hair restraints	
<input checked="" type="checkbox"/>	In									26. Approved thawing methods used	
<input checked="" type="checkbox"/>	In		<input checked="" type="checkbox"/> N/O							27. Food separated and protected	X
<input checked="" type="checkbox"/>	In		<input checked="" type="checkbox"/> N/O							28. Washing fruits and vegetables	
<input checked="" type="checkbox"/>	In									29. Toxic substances properly identified, stored and used	
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O							30. Food storage, 31. Self service, 32. Labeled	
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O							33. Nonfood contact surfaces clean	
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O							34. Warewashing facilities maintained, test strips	
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O							35. Equipment, utensils, approved, clean good repair	X
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O							36. Equipment, utensils and linens, storage and use	
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O							37. Vending Machines	
<input checked="" type="checkbox"/>	In									38. Adequate ventilation and lighting	X
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O							39. Thermometers provided and accurate	
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O							40. Wiping cloths properly used and stored	
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O							41. Plumbing, proper backflow prevention	
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O							42. Garbage properly disposed; facilities maintained	
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O							43. Toilet facilities supplied, properly constructed, clean	
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O							44. Premises clean, vermin proof; personal items separate	
<input checked="" type="checkbox"/>	In									45. Floors, walls and ceilings maintained and clean	
<input checked="" type="checkbox"/>	In									46. No unapproved living or sleeping quarters	
<input checked="" type="checkbox"/>	In									47. Signs posted; Permit & inspection report available	
<input checked="" type="checkbox"/>	In									48. Plan Review Required	

No PHF []					
°F	Food	Location	°F	Food	Location
40	RAW BURGER	ATOP P. COOLER			
39	MACARONI SALAD	BELOW P. COOLER			
37	PANTRY	WALK-IN FRIDGE			

Comments:
- NO CRITICAL VIOLATIONS
CORRECT THE FOLLOWING:
(27) STORE ALL RAW POTENTIALLY HAZARDOUS FOOD BELOW OR AWAY FROM READY TO EAT FOODS. OBSERVED RAW SAUSAGE IN WITH COOKED SAUSAGE & COLD CUTS.
(35) REPLACE ALL NON-COMMERCIAL APPLIANCES (I.E. SILVER EMERSON MICRO-WAVE, BLACK HAMILTON BEACH CROCK POT, ETC)

Received By: [Signature] REHS: ANDREW PEGO

FOOD FACILITY INSPECTION REPORT
Continuation Sheet
GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
247 North Villa Avenue, Willows, CA 95988
Phone (530) 934-6102 FAX (530) 934-6103

Page 2 of 2

Name of Facility/DBA: <u>THE LAST STAND</u>	Inspection Date: <u>3/27/19</u>
Address: <u>PAGE 2</u>	
Owner/Permitee: <u>PAGE 2</u>	
Applicable Law <i>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code</i>	

Comments:

CORRECT THE FOLLOWING (CONT.)

③5 CLEAN & SANITIZE ALL THE APPLIANCES, ESPECIALLY AROUND HANDLES OR OTHER PLACES WHERE PEOPLE PLACE THEIR HANDS.

③5 REPAIR THE WALK-IN ~~REF~~ CEILING.

③8 ADJUST THE GREASE Baffles IN THE EXHAUST HOOD SO THAT THEY FUNCTION PROPERLY.

Received By: <u>[Signature]</u>	REHS: <u>ANDREW PERRY</u>
---------------------------------	---------------------------