

## 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>LITTLE CAESAR'S</u>		Inspection Date: <u>3/7/23</u>	
Address: <u>701 WALKER ST, ORLANDO, CA 95963</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>AB BROTHER, INC</u>	Phone No.:	Inspection Time: <u>1:00</u>	Permit Exp. Date:
Certified Food Handler: <u>SHYINDER SINGH</u>	Certificate Expiration Date: <u>1/25/24</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</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					
<b>Critical Risk Factors for Disease</b>									Maj	Out	COS									
<u>In</u>													24. Person in charge present and performs duties							
<u>In</u>													25. Personal cleanliness and hair restraints							
<u>In</u>	N/O												26. Approved thawing methods used							
<u>In</u>	N/O												27. Food separated and protected				X			
<u>In</u>	N/O												28. Washing fruits and vegetables							
<u>In</u>													29. Toxic substances properly identified, stored and used							
<u>In</u>	N/A	N/O											30. Food storage, 31. Self service, 32. Labeled							
<u>In</u>	N/A												33. Nonfood contact surfaces clean							
<u>In</u>	N/A	N/O											34. Warewashing facilities maintained, test strips							
<u>In</u>	N/A	N/O											35. Equipment, utensils, approved, clean good repair							
<u>In</u>	N/A	N/O											36. Equipment, utensils and linens, storage and use							
<u>In</u>	N/A	N/O											37. Vending Machines							
<u>In</u>													38. Adequate ventilation and lighting							
<u>In</u>	N/A	N/O											39. Thermometers provided and accurate							
<u>In</u>	N/A	N/O											40. Wiping cloths properly used and stored							
<u>In</u>	N/A	N/O											41. Plumbing, proper backflow prevention							
<u>In</u>	N/A	N/O											42. Garbage properly disposed; facilities maintained							
<u>In</u>	N/A	N/O											43. Toilet facilities supplied, properly constructed, clean							
<u>In</u>	N/A	N/O											44. Premises clean, vermin proof; personal items separate							
<u>In</u>													45. Floors, walls and ceilings maintained and clean				X			
<u>In</u>													46. No unapproved living or sleeping quarters							
<u>In</u>													47. Signs posted; Permit & inspection report available							
<u>In</u>													48. Plan Review Required							

No PHF [ ]					
°F	Food	Location	°F	Food	Location
136	COOKED PIZZA	DISPLAY WARMING CABINET			
32	CHEESE	ATOP P. TABLE			
33	SANDWICH	BELOW PREP COOLER			
34	HAM CUBES	WALK-IN			

Comments:  
 - NO CRITICAL VIOLATIONS  
~~\* CORRECT THE FOLLOWING:~~  
(29) KEEP ALL FOOD SEPERATED AND PROTECTED FROM CROSS CONTAMINATION. OBSERVED BAGS OF PIZZA FLOUR THAT IS TOO CLOSE TO THE JANITORIAL SINK  
(45) CLEAN/SANITIZE AROUND THE S-COMP. SINK AREA, IT IS GRIMY & DIRTY.

Received By: Shyinder Singh REHS: Andrew P. ...