

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>HAMILTON GAS & FOOD (SINCLAIR)</u>		Inspection Date: <u>4/28/22</u>	
Address: <u>601 6TH STREET, HAMILTON CITY, CA</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>PRITHVIAL GIL</u>	Phone No.:	Inspection Time: <u>4:00</u>	Permit Exp. Date:
Certified Food Handler: <u>MAR. PRITHVIAL GIL</u>		Certificate Expiration Date: <u>12/5/26</u> <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 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
<u>In</u>					1. Demonstration of knowledge				24. Person in charge present and performs duties		
<u>In</u>					2. Communicable disease restrictions				25. Personal cleanliness and hair restraints		
<u>In</u>		N/O			3. Discharge of eyes, nose, mouth				26. Approved thawing methods used		
<u>In</u>		N/O			4. Eating, tasting, drinking, tobacco use				27. Food separated and protected		
<u>In</u>		N/O			5. Hands clean & properly washed, glove use				28. Washing fruits and vegetables		
<u>In</u>					6. Handwashing facilities available		X		29. Toxic substances properly identified, stored and used		
<u>In</u>	N/A	N/O			7. Proper hot and cold food holding temps				30. Food storage 31. Self service, 32. Labeled	X	
<u>In</u>	N/A				8. Time as a public health control, records				33. Nonfood contact surfaces clean		
<u>In</u>	N/A	N/O			9. Proper cooling methods				34. Warewashing facilities maintained, test strips		
<u>In</u>	N/A	N/O			10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair	X	
<u>In</u>	N/A	N/O			11. Reheating temperature for hot holding				36. Equipment, utensils and linens, storage and use		
<u>In</u>	N/A	N/O			12. Returned and reservice of food				37. Vending Machines		
<u>In</u>					13. Food safe and unadulterated				38. Adequate ventilation and lighting		
<u>In</u>	N/A	N/O			14. Food contact surfaces clean and sanitized				39. Thermometers provided and accurate		
<u>In</u>					15. Food from approved source				40. Wiping cloths properly used and stored		
<u>In</u>	N/A	N/O			16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention		
<u>In</u>	N/A	N/O			18. Compliance with HACCP plan				42. Garbage properly disposed; facilities maintained		
<u>In</u>	N/A	N/O			19. Advisory for raw/undercooked food				43. Toilet facilities supplied, properly constructed, clean		
<u>In</u>	N/A				20. Health care/ School prohibited food				44. Premises clean, vermin proof; personal items separate		
<u>In</u>					21. Hot & cold water. Temp: <u>120</u> °F				45. Floors, walls and ceilings maintained and clean	X	
<u>In</u>					22. Wastewater properly disposed				46. No unapproved living or sleeping quarters		
<u>In</u>					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
165	Jo Jo's	HOT HOLDING CABINET			
35	HAM	2-DOOR NORLAK			
34	CHICKEN	SANDWICH LINE FRIDGE			
33	Milk	REACH-IN FRIDGE			

Comments: VIOLATIONS:

(6) ALL HANDWASH SINKS SHALL BE PROPERLY SUPPLIED WITH HAND SOAP, PAPER TOWELS & WARM WATER. THE FRONT HAND SINK DID NOT HAVE SOAP IN A PROPER DISPENSER

(30) STORE ALL FOOD AT LEAST 6" OFF OF THE GROUND. OBSERVED ICE CREAM TUBS ON GROUND IN WALK-IN FREEZER

Received By: <u>X Jennifer Galvez</u>	REHS: <u>ANDREW TETJO</u>
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OFFICIAL INSPECTION REPORT

Continuation Sheet

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Comments: VIOLATIONS

(35) REPLACE NON-COMMERCIAL PANASONIC MICROWAVE WITH A COMMERCIAL GRADE MICROWAVE.

(35) CLEAN & SANITIZE THE INSIDE OF THE BACK ICE MACHINE, IT IS MOLDY.

(35) CLEAN & SANITIZE THE FILTHY CAPPUCCINO MACHINE INSIDE THE STORE.

(45) REPAIR THE CRACKED AND/OR MISSING TILE IN THE KITCHEN & WALK-IN FRIDGE AREAS OF THE FACILITY.

(45) REMOVE & CLEAN THE ICE BUILD-UP IN THE WALK-IN FREEZER FLOOR. THIS IS A SLIP/TRIP HAZARD.

Received By: Jennifer Fisher	REHS: Andrew Perryo
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