

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>Willows Memorial Hall</u> | | Inspection Date: <u>5/11/22</u> | |
| Address: <u>525 W. SYCAMORE ST., WILLOWS</u> | | Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small> | |
| Owner/Permittee: <u>GLENN COUNTY</u> | Phone No.: | Inspection Time: <u>10:00</u> | Permit Exp. Date: <u>-</u> |
| Certified Food Handler: <u>N/A</u> | | Certificate Expiration Date: <u>-</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 checked="" type="checkbox"/> Construction/Pre-opening <input type="checkbox"/> Other: | | | |
| Applicable Law CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section <u>13700</u> , 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 | | |
| <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 | | | |
| <u>In</u> | N/O | | | | | | | 28. Washing fruits and vegetables | | | |
| <u>In</u> | | | | | | | | 29. Toxic substances properly identified, stored and used | | | |
| <u>In</u> | <u>N/A</u> | N/O | | | | | | 30. Food storage, 31. Self service, 32. Labeled | | | |
| <u>In</u> | <u>N/A</u> | | | | | | | 33. Nonfood contact surfaces clean | | | |
| <u>In</u> | <u>N/A</u> | N/O | | | | | | 34. Warewashing facilities maintained, test strips | | | |
| <u>In</u> | <u>N/A</u> | N/O | | | | | | 35. Equipment, utensils, approved, clean good repair | | | |
| <u>In</u> | <u>N/A</u> | N/O | | | | | | 36. Equipment, utensils and linens, storage and use | | | |
| <u>In</u> | <u>N/A</u> | 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> | | | | | | | | 40. Wiping cloths properly used and stored | | | |
| <u>In</u> | <u>N/A</u> | N/O | | | | | | 41. Plumbing, proper backflow prevention | | X | |
| <u>In</u> | <u>N/A</u> | N/O | | | | | | 42. Garbage properly disposed; facilities maintained | | | |
| <u>In</u> | <u>N/A</u> | N/O | | | | | | 43. Toilet facilities supplied, properly constructed, clean | | | |
| <u>In</u> | <u>N/A</u> | N/O | | | | | | 44. Premises clean, vermin proof; personal items separate | | | |
| <u>In</u> | <u>N/A</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 ****NO TEMPS TAKEN AT CONSTRUCTION INSPECTION**

| °F | Food | Location | °F | Food | Location |
|----|------|----------|----|------|----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Comments: CORRECT THE FOLLOWING:

41) PROVIDE A BACKFLOW PREVENTION DEVICE ON THE JANITORIAL SINK.

45) F.R.P. OR OTHER NON-ABSORBANT MATERIAL SHALL BE INSTALLED AT LEAST 4' UP THE WALLS IN THE JANITORIAL CLOSET.

Received By: [Signature] REHS: [Signature]