

FOOD FACILITY INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

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

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Name of Facility/ DBA: <u>TOBACCO MAN</u>		Inspection Date: <u>5/23/19</u>	
Address: <u>235 W. WOOD ST., WILLOWS, CA</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permitee: <u>HARISH BANGER</u>	Phone No.:	Inspection Time:	Permit Exp. Date:
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 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			
In	N/A	N/O	Maj	Out	COS						
In						1. Demonstration of knowledge					
In						2. Communicable disease restrictions					
In		N/O				3. Discharge of eyes, nose, mouth					
In		N/O				4. Eating, tasting, drinking, tobacco use					
In		N/O				5. Hands clean & properly washed, glove use					
In						6. Handwashing facilities available					
In	N/A	N/O				7. Proper hot and cold food holding temps					
In	N/A					8. Time as a public health control, records					
In	N/A	N/O				9. Proper cooling methods					
In	N/A	N/O				10. Proper cooking time and temps					
In	N/A	N/O				11. Reheating temperature for hot holding					
In	N/A	N/O				12. Returned and reservice of food					
In						13. Food safe and unadulterated					
In	N/A	N/O				14. Food contact surfaces clean and sanitized					
In						15. Food from approved source					
In	N/A	N/O				16. Shell stock tags, 17. Gulf Oyster regs					
In	N/A	N/O				18. Compliance with HACCP plan					
In	N/A	N/O				19. Advisory for raw/undercooked food					
In	N/A					20. Health care/ School prohibited food					
In						21. Hot & cold water. Temp: <u>120°F</u>					
In						22. Wastewater properly disposed					
In						23. No rodents, insects, birds, animals					
						24. Person in charge present and performs duties					
						25. Personal cleanliness and hair restraints					
						26. Approved thawing methods used					
						27. Food separated and protected					
						28. Washing fruits and vegetables					
						29. Toxic substances properly identified, stored and used					
						30. Food storage, 31. Self service, 32. Labeled					
						33. Nonfood contact surfaces clean					
						34. Warewashing facilities maintained, test strips					
						35. Equipment, utensils, approved, clean good repair					
						36. Equipment, utensils and linens, storage and use					
						37. Vending Machines					
						38. Adequate ventilation and lighting					
						39. Thermometers provided and accurate					
						40. Wiping cloths properly used and stored					
						41. Plumbing, proper backflow prevention					
						42. Garbage properly disposed; facilities maintained					
						43. Toilet facilities supplied, properly constructed, clean					
						44. Premises clean, vermin proof; personal items separate					
						45. Floors, walls and ceilings maintained and clean					
						46. No unapproved living or sleeping quarters					
						47. Signs posted; Permit & inspection report available					
						48. Plan Review Required					

No PHF <input checked="" type="checkbox"/>					
°F	Food	Location	°F	Food	Location

Comments:

- NO VIOLATIONS OBSERVED AT THE TIME OF INSPECTION

Received By: [Signature] REHS: [Signature]