

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>Blue Plate Special</u>		Inspection Date: <u>7/1/22</u>	
Address: <u>900 Newville Rd, Orland, CA 95963</u>		Reinspection Date (on or after): <u>Next Inspection</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permitee: <u>Ilian, Mike</u>	Phone No.: <u>865-8484</u>	Inspection Time: <u>11:00 am</u>	Permit Exp. Date:
Certified Food Handler: <u>Jack Wasenius (expired)</u>		Certificate Expiration Date: <u>5/23/21</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	
Critical Risk Factors for Disease						Maj	Out	COS		Out	COS
In									24. Person in charge present and performs duties		
In							X		25. Personal cleanliness and hair restraints		
In	N/O								26. Approved thawing methods used		
In	N/O								27. Food separated and protected		
In	N/O								28. Washing fruits and vegetables		
In									29. Toxic substances properly identified, stored and used		
In	N/A	N/O					X		30. Food storage, 31. Self service, 32. Labeled		
In	N/A								33. Nonfood contact surfaces clean		
In	N/A	N/O							34. Warewashing facilities maintained, test strips		
In	N/A	N/O							35. Equipment, utensils, approved, clean good repair	X	
In	N/A	N/O							36. Equipment, utensils and linens, storage and use		
In	N/A	N/O							37. Vending Machines		
In									38. Adequate ventilation and lighting	X	
In	N/A	N/O					X		39. Thermometers provided and accurate		
In									40. Wiping cloths properly used and stored	X	
In	N/A	N/O							41. Plumbing, proper backflow prevention	X	
In	N/A	N/O							42. Garbage properly disposed; facilities maintained		
In	N/A	N/O							43. Toilet facilities supplied, properly constructed, clean	X	
In	N/A								44. Premises clean, vermin proof; personal items separate		
In									45. Floors, walls and ceilings maintained and clean		
In									46. No unapproved living or sleeping quarters		
In									47. Signs posted; Permit & inspection report available		
In									48. Plan Review Required		

No PHF []					
°F	Food	Location	°F	Food	Location
39	Poiled Eggs	looks' Prep cooler	43	Sausage	2-Door loca-cola cooler
45	Au Jus	Steam Table	35	Turkey	1-Door loca-cola cooler
43	Sausage	2-Door True cooler in dishwash room	37	Lentil Soup	2-Door True cooler in Dishwash room

Comments:

1) Provide a food safety manager for facility.

7) Hold potentially hazardous foods at/above 135°F or at/below 41°F. Measured Sausage at 43°F in 2-Door loca-cola cooler.

14) Clean mold from baffle in ice machine.

35) Repair loose/turn gasket on all chest freezer doors.

38) Provide light shield for light in dishwash room.

40) Store wiping towels in sanitizer when not in use.

Received By: [Signature] REHS: John H. Wells

OFFICIAL INSPECTION REPORT

Continuation Sheet

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Address: <i>900 Newville Rd, Orland, GA 95963</i>	
Owner/Permitee: <i>Mike Tlian</i>	

Comments:

41) Repair inoperable/loose handles at mop sink.

42) Provide self-closing device on women's restroom door.

Received By: 	REHS: <i>John H. Wells</i>
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