

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>GROCERY OUTLET</u>		Inspection Date: <u>7/6/23</u>	
Address: <u>1026 SOUTH ST., ORLAND, CA 95963</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>GROCERY OUTLET INC.</u>	Phone No.:	Inspection Time: <u>3:00</u>	Permit Exp. Date:
Certified Food Handler: <u>- PACKAGED FOOD</u>		Certificate Expiration Date: <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 ("CalCode"), Beginning with section 113700, California Health and Safety Code (See reverse side of sheet for summary)</u>			

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			
<input checked="" type="checkbox"/>									24. Person in charge present and performs duties		
<input checked="" type="checkbox"/>									25. Personal cleanliness and hair restraints		
<input checked="" type="checkbox"/>	N/O								26. Approved thawing methods used		
<input checked="" type="checkbox"/>	N/O								27. Food separated and protected		
<input checked="" type="checkbox"/>	N/O								28. Washing fruits and vegetables		
<input checked="" type="checkbox"/>									29. Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/>	N/A	N/O							30. Food storage, 31. Self service, 32. Labeled		
<input checked="" type="checkbox"/>	N/A								33. Nonfood contact surfaces clean		
<input checked="" type="checkbox"/>	N/A	N/O							34. Warewashing facilities maintained, test strips		
<input checked="" type="checkbox"/>	N/A	N/O							35. Equipment, utensils, approved, clean good repair		
<input checked="" type="checkbox"/>	N/A	N/O							36. Equipment, utensils and linens, storage and use		
<input checked="" type="checkbox"/>	N/A	N/O							37. Vending Machines		
<input checked="" type="checkbox"/>									38. Adequate ventilation and lighting		
<input checked="" type="checkbox"/>	N/A	N/O							39. Thermometers provided and accurate		
<input checked="" type="checkbox"/>									40. Wiping cloths properly used and stored		
<input checked="" type="checkbox"/>	N/A	N/O							41. Plumbing, proper backflow prevention		
<input checked="" type="checkbox"/>	N/A	N/O							42. Garbage properly disposed; facilities maintained		
<input checked="" type="checkbox"/>	N/A	N/O							43. Toilet facilities supplied, properly constructed, clean		
<input checked="" type="checkbox"/>	N/A	N/O							44. Premises clean, vermin proof; personal items separate		X
<input checked="" type="checkbox"/>									45. Floors, walls and ceilings maintained and clean		
<input checked="" type="checkbox"/>									46. No unapproved living or sleeping quarters		
<input checked="" type="checkbox"/>									47. Signs posted; Permit & inspection report available		
<input checked="" type="checkbox"/>									48. Plan Review Required		

No PHF []					
°F	Food	Location	°F	Food	Location
23	CHICKEN (RAW)	COLD CASE FRONT	41	EGGS	EGG CASE
39	PORK	MEAT DISPLAY CASE/FRIDGE	17	GROUND BEEF	WALK-IN FRIDGE
46	MUNG BEAN SPROUTS	REACH-IN FRIDGE	23	COTTAGE CHEESE	DAIRY WALK-IN
40	CHEESE	REACH-IN FRIDGE			

Comments: CORRECT THE FOLLOWING:

44) CLEAN-UP ALL THE VARIOUS RUBBISH, WRAPPERS, TAGS ETC. IN THE BACK WARE HOUSE SECTION OF THE STORE.

Received By: [Signature] REHS: ANDREW A. PERRY