

**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: <b>4TH STREET ICE CREAM &amp; TREATS</b>		Inspection Date: <b>7/7/23</b>	
Address: <b>712 4TH ST., ORLAND, CA 95963</b>		Reinspection Date (on or after): <b>NEXT INSPECTION</b> <small>(Reinspections are subject to fees)</small>	
Owner/Permitee: <b>CAROL RUTLEDGE</b>	Phone No.: <b>514-7927</b>	Inspection Time: <b>3:30</b>	Permit Exp. Date:
Certified Food Handler: <b>- NONE CURRENT - OWNER SIGNED UP FOR CLASS SEPT 11 2023</b>		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 <b>CALIFORNIA RETAIL FOOD CODE ("CalCode"), Beginning with section 113700, California Health and Safety Code (See reverse side of sheet for summary)</b>			

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		1. Demonstration of knowledge					X		24. Person in charge present and performs duties		
In		2. Communicable disease restrictions							25. Personal cleanliness and hair restraints		
In	N/O	3. Discharge of eyes, nose, mouth							26. Approved thawing methods used		
In	N/O	4. Eating, tasting, drinking, tobacco use							27. Food separated and protected		
In	N/O	5. Hands clean & properly washed, glove use							28. Washing fruits and vegetables		
In		6. Handwashing facilities available							29. Toxic substances properly identified, stored and used		
In	N/A	7. Proper hot and cold food holding temps							30. Food storage, 31. Self service, 32. Labeled		
In	N/A	8. Time as a public health control, records							33. Nonfood contact surfaces clean		
In	N/A	9. Proper cooling methods							34. Warewashing facilities maintained, test strips		
In	N/A	10. Proper cooking time and temps							35. Equipment, utensils, approved, clean good repair	X	
In	N/A	11. Reheating temperature for hot holding							36. Equipment, utensils and linens, storage and use		
In	N/A	12. Returned and reservice of food							37. Vending Machines		
In		13. Food safe and unadulterated							38. Adequate ventilation and lighting		
In	N/A	14. Food contact surfaces clean and sanitized							39. Thermometers provided and accurate		
In		15. Food from approved source							40. Wiping cloths properly used and stored		
In	N/A	16. Shell stock tags, 17. Gulf Oyster regs							41. Plumbing, proper backflow prevention	X	
In	N/A	18. Compliance with HACCP plan							42. Garbage properly disposed; facilities maintained		
In	N/A	19. Advisory for raw/undercooked food							43. Toilet facilities supplied, properly constructed, clean		
In	N/A	20. Health care/ School prohibited food							44. Premises clean, vermin proof; personal items separate		
In		21. Hot & cold water. Temp: <b>120°F</b>							45. Floors, walls and ceilings maintained and clean		
In		22. Wastewater properly disposed							46. No unapproved living or sleeping quarters		
In		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
24	SOFT SERVE MIX	SMALL LEVELLA FRIDGE (BACK)			
40	MILK	SMALL UNDER CABINET FRIDGE			

Comments:

① OBTAIN A FOOD SAFETY MANAGER FOR THE FACILITY.  
 (OWNER SIGNED UP FOR COURSE ON 9/1/23)

③5 CLEAN & SANITIZE THE SODA NOZZLES ON A DAILY BASIS.

④0 PROVIDE A BACKFLOW PREVENTION DEVICE ON THE MOP SINK FIXTURE.

Received By: Carol Rutledge REHS: Andrew Perry