

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: <i>Sunshine (Herb Store)</i> | | Inspection Date: <i>8/29/22</i> | |
| Address: <i>330 6th Street, Orland, CA 95963</i> | | Reinspection Date (on or after): <i>Next Inspection</i> <small>(Reinspections are subject to fees)</small> | |
| Owner/Permittee: <i>Dolores Gomez</i> | Phone No.: <i>865-3022</i> | Inspection Time: <i>3:30 pm</i> | Permit Exp. Date: |
| Certified Food Handler: <i>- Packaged Food -</i> | | 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 <i>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code</i> (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 | | 1. Demonstration of knowledge | | | | | | | 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 | | | | | X | | 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 | | |
| 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 | | |
| 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: <i>78</i> °F | | | | | X | | 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 <input checked="" type="checkbox"/> | | | | | |
|--|------|----------|----|------|----------|
| °F | Food | Location | °F | Food | Location |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Comments:

1) Provide towels at Restroom handwash sink.

2) Provide hot water at 120°F. Measured 78°F.

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