FOOD FACILITY INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
225 N. Tehama Street, Willows, CA 95988
Phone (530) 934-6102 FAX (530) 934-6103

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| - | | | | | 330) 231 | -0102 | IAA (J. | 00) 934-0103 | | | | |
|--|--------------|--|---|---|-------------|-------------------|--|--|---|---------------|------------|---------------------------------------|
| Name | of Fac | ility/ DB/ | 1: - Ho | art Merchantile | | | | | Inspection Date: | | | |
| Address: | | | | | | | | | Reinspection Date (on or after): | | | |
| 70 | (4t | 1 5+ | 0 | Mand, CA 3596 | 3 | | | | (Reinspections are subject to fees) Ctian | | | |
| Owner/Permitee: | | | | | | Phone No.: | | | Inspection Time: Permit Exp. Date: | | | |
| Panda Rell | | | | | | (530)520-4835 | | | 41:15pm | | | |
| Certified Food Handler: | | | | | | (30)30 (833 | | | Certificate Expiration Date | <u>.</u> | | |
| Cerin | | 1 | - 10 | | | | | | (Certificate expires five years after it is issued) | | | |
| Service: Routine Inspection Reinspection Complaint Construction/Pre-opening Other: | | | | | | | | | | | ued) | |
| | | | | | | | | | | | | |
| Applic | cable Lav | V CALIFO. | KNIA KEIA | IL FOOD CODE ("CalCode), Beginning with | n section . | 113700, C | aujornia | Health and Safety Code (| See reverse side of sheet for sum | nmary) | | |
| | In = In | complia | ice N/. | A = Not Applicable $N/O = Not Obset$ | erved | Maj = N | lajor vio | olation Out = Items | s not in compliance COS | = Corrected | d On Site | e |
| | | | Critical Risk Factors for Disease | | Maj | Out | | | | Out | COS | |
| In | | | 1. Demonstration of knowledge | | | | | | erson in charge present and performs duties | | | |
| | In N/O | | 2. Communicable disease restrictions | | - | | | | eanliness and hair restraints | | | - |
| In N/O | | Discharge of eyes, nose, mouth Eating, tasting, drinking, tobacco use | | | | | 27. Food separated | nawing methods used | | | - | |
| In | | | 5. Hands clean & properly washed, glove use | | | | | 28. Washing fruits a | | | | |
| In | | | 6. Handwashing facilities available | | | | | | ces properly identified, stored and used | | | |
| In | | | 7. Proper hot and cold food holding temps | | | | | - The state of the | e, 31. Self service, 32. Labeled | | | |
| In | | | 8. Time as a public health control, records | | | | | 33. Nonfood contac | | | | |
| In N/A N/O | | | | 9. Proper cooling methods | | | | - V | ing facilities maintained, test strips | | | |
| In N/A N/O | | | 10. Proper cooking time and temps | | | - | - | - · · · · · · · · · · · · · · · · · · · | ent, utensils, approved, clean good repair | | | - |
| In N/A N/O In N/A N/O | | 11. Reheating temperature for hot holding 12. Returned and reservice of food | | | | | 37. Vending Machin | tensils and linens, storage and use | | | | |
| In | | 13. Food safe and unadulterated | | | | | | e ventilation and lighting | | | | |
| In N/A N/O | | 14. Food contact surfaces clean and sanitized | | | | | 39. Thermometers p | Thermometers provided and accurate | | | | |
| In | | 15. Food from approved source | | | | | |). Wiping cloths properly used and stored | | | | |
| In N/A N/O | | 16. Shell stock tags, 17. Gulf Oyster regs | | | | | The state of the s | er backflow prevention | | | | |
| In N/A N/O | | 18. Compliance with HACCP plan | | | | | | 42. Garbage properly disposed; facilities maintained | | | | |
| In N/A N/O In N/A | | Advisory for raw/undercooked food Health care/ School prohibited food | | | | | | 43. Toilet facilities supplied, properly constructed, clean 44. Premises clean, vermin proof; personal items separate | | | | |
| In N/A | | | 21. Hot & cold water. Temp: 120°F | | | | | 0 | 5. Floors, walls and ceilings maintained and clean | | | |
| In | | | 22. Wastewater properly disposed | | | | | | 6. No unapproved living or sleeping quarters | | | |
| l in | | | | | | | | 47. Signs posted; Permit & inspection report available | | | | |
| In | | | | odents, insects, birds, animals | | X | | 47. Signs posted; Pe | 8 1 8 1 | ailable | | |
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