FOOD FACILITY INSPECTION REPORT
GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

247 North Villa Avenue, Willows, CA 95988
Phone (530) 934-6102 FAX (530) 934-6103

Name of Facility/ DBA: Starbuck's #26877	Inspection Date: 11/12/16
Address: 110 Francis Lane, Orland, CA 95963	Reinspection Date (on or after): Next Inspection (Reinspections are subject to fees)
Owner/Permitee: Starbucks Corporation; Phone No.: 966-7828 ~~3:10 pm~~	Inspection Time: 3:10 pm; Permit Exp. Date:
Certified Food Handler: Jennifer Mosier	Certificate Expiration Date: 2/7/19 (Certificate expires five years after it is issued)

Service: ☒ Routine Inspection ☐ Reinspection ☐ Complaint ☐ Construction/Pre-opening ☐ Other:

Applicable Law *CALIFORNIA RETAIL FOOD CODE ("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
In			1. Demonstration of knowledge			
In			2. Communicable disease restrictions			
In		N/O	3. Discharge of eyes, nose, mouth			
In		N/O	4. Eating, tasting, drinking, tobacco use			
In		N/O	5. Hands clean & properly washed, glove use			
In			6. Handwashing facilities available			
In	N/A	N/O	7. Proper hot and cold food holding temps			
In	N/A		8. Time as a public health control, records			
In	N/A	N/O	9. Proper cooling methods			
In	N/A	N/O	10. Proper cooking time and temps			
In	N/A	N/O	11. Reheating temperature for hot holding			
In	N/A	N/O	12. Returned and reservice of food			
In			13. Food safe and unadulterated			
In	N/A	N/O	14. Food contact surfaces clean and sanitized			
In			15. Food from approved source			
In	N/A	N/O	16. Shell stock tags, 17. Gulf Oyster regs			
In	N/A	N/O	18. Compliance with HACCP plan			
In	N/A	N/O	19. Advisory for raw/undercooked food			
In	N/A		20. Health care/ School prohibited food			
In			21. Hot & cold water. Temp: 121 °F			
In			22. Wastewater properly disposed			
In			23. No rodents, insects, birds, animals			

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

No PHF [ ]

°F	Food	Location	°F	Food	Location
41	Egg Sandwich	undercounter cooler - Back counter	40	Milk	out on counter
35	Milk	Left coffee bar cooler	41	Yogurt	Open face Merchandiser cooler
39	Milk	Right Coffee bar cooler	34	Milk	Left 2-Door cooler in back room
40	Cream	Drive thru cooler	36	Lunch Packs	Right 2-Door cooler in back room

Comments:

40) Provide 200 ppm of quaternary ammonium sanitizer to towel bucket. Measured <200 ppm.

Received By: X [signature]

REHS: John H. Wells