Name of Faci	lity/ DI	BA:	GLENN COUNTY EN 247 N	NVIRC lorth Vill	NME a Avenu	NTAL e, Willo	ETION REPOI HEALTH DEPA ws, CA 95988 530) 934-6103	RTMENT	e 1 of		
Address:								Reinspection Date (on or after):			
Owner/Permitee: Phone No.:								(Reinspections are subject to fees)			
White BEAVERS						O.: '		Inspection Time: Po	Permit Exp. Date:		
Certified Food Handler:								Certificate Expiration Date: (Certificate expires five years after			
Service:	Rou	tine Insp	pection	plaint	□ С	onstructi	on/Pre-opening	Other:			
In = In c			TAIL FOOD CODE ("CalCode), Beginning wii N/A = Not Applicable N/O = Not Obs			20 (0.000)					
	отрпа		Critical Risk Factors for Disease	Maj	Out	Major vi COS	olation Out = Items	not in compliance $COS = C$	Corrected On Ou		
(In	Demonstration of knowledge Communicable disease restrictions				-		24. Person in charge	present and performs duties			
			charge of eyes, nose, mouth					ness and hair restraints		-	
(În)	N/O	4. Eating, tasting, drinking, tobacco use		No.				ed thawing methods used parated and protected			
ln	N/O	5. Hands clean & properly washed, glove use					28. Washing fruits at	gruits and vegetables			
In N/A	6. Handwashing facilities available					29. Toxic substances	properly identified, stored and a	used			
In N/A	N/O	temps					30. Food storage, 31	orage, 31. Self service, 32. Labeled			
	8. Time as a public health control, records N/O 9. Proper cooling methods					33. Nonfood contact	surfaces clean				
	N/O 10. Proper cooking time and temps					34. Warewashing fac	ilities maintained, test strips				
	N/O	11. Reheating temperature for hot holding					36 Equipment utens	uipment, utensils, approved, clean good repair uipment, utensils and linens, storage and use			
	N/O	N/O 12. Returned and reservice of food					37. Vending Machine	Vending Machines			
In	13. Food safe and unadulterated							. Adequate ventilation and lighting			
In N/A	N/A N/O 14. Food contact surfaces clean and sanitized						39. Thermometers pr	39. Thermometers provided and accurate			
	and a source						40. Wiping cloths properly used and stored				
The state of the s							41. Plumbing, proper backflow prevention				
	The state of the s						42. Garbage properly disposed; facilities maintained 43. Toilet facilities supplied, properly constructed, clean				
In N/A	The state of the s					43. Tollet facilities su	ipplied, properly constructed, cle	ean			
In	21. Hot & cold water. Temp: 115 °F			*		45 Floors walls and	ermin proof; personal items sepa	irate			
fin 22. Wa			ewater properly disposed				45. Floors, walls and ceilings maintained and clean 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	1										
°F Food			Location		°F Food		Location	Location			
	Za RAW GOA		INSIDE 2-DOOL					Docution			
38 CI	ヤモを	SE	TRUE FRIDGE						70		
			-								
Comments:	est	1 (.1.	LVIOLATIONS			L					
				ĺ			-				
	* T	-Ac	LINTY & CLEAN &	EU	ELI	· N	14INTAINE	ED ¥	_		
CORRE	CT	TH	E FOLLAWING:								
				- 17	OF	- Δ-	TILE 7	-1 OUPARTUR		100	
SINK. HZO MEASURED @ 115°F											
Pagained D-	Received By M. Charles Drug										
Received By: REHS: Town Toys											

REHS: