

**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: <u>GATHERING MARKETPLACE</u>		Inspection Date: <u>2/1/17</u>	
Address: <u>216/218 W. SYCAMORE ST., WILLOWS, CA</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>Holly Myers</u>	Phone No.:	Inspection Time: <u>3:00</u>	Permit Exp. Date:
Certified Food Handler: <u>N/A</u>		Certificate Expiration Date: <u>                    </u> <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 <u>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code</u> (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									
<input checked="" type="checkbox"/> In			1.	Demonstration of knowledge								24.	Person in charge present and performs duties							
<input checked="" type="checkbox"/> In			2.	Communicable disease restrictions								25.	Personal cleanliness and hair restraints							
<input checked="" type="checkbox"/> In		<input checked="" type="checkbox"/> N/O	3.	Discharge of eyes, nose, mouth								26.	Approved thawing methods used							
<input checked="" type="checkbox"/> In		<input checked="" type="checkbox"/> N/O	4.	Eating, tasting, drinking, tobacco use								27.	Food separated and protected							
<input checked="" type="checkbox"/> In		<input checked="" type="checkbox"/> N/O	5.	Hands clean & properly washed, glove use								28.	Washing fruits and vegetables							
<input checked="" type="checkbox"/> In			6.	Handwashing facilities available								29.	Toxic substances properly identified, stored and used							
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O	7.	Proper hot and cold food holding temps								30.	Food storage, 31. Self service, 32. Labeled							
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A		8.	Time as a public health control, records								33.	Nonfood contact surfaces clean							
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O	9.	Proper cooling methods								34.	Warewashing facilities maintained, test strips							
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O	10.	Proper cooking time and temps								35.	Equipment, utensils, approved, clean good repair							
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O	11.	Reheating temperature for hot holding								36.	Equipment, utensils and linens, storage and use							
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O	12.	Returned and reservice of food								37.	Vending Machines							
<input checked="" type="checkbox"/> In			13.	Food safe and unadulterated								38.	Adequate ventilation and lighting							
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O	14.	Food contact surfaces clean and sanitized								39.	Thermometers provided and accurate				X			
<input checked="" type="checkbox"/> In			15.	Food from approved source								40.	Wiping cloths properly used and stored							
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O	16.	Shell stock tags, 17. Gulf Oyster regs								41.	Plumbing, proper backflow prevention				X			
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O	18.	Compliance with HACCP plan								42.	Garbage properly disposed; facilities maintained							
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O	19.	Advisory for raw/undercooked food								43.	Toilet facilities supplied, properly constructed, clean							
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A		20.	Health care/ School prohibited food								44.	Premises clean, vermin proof; personal items separate							
<input checked="" type="checkbox"/> In			21.	Hot & cold water. Temp: <u>92</u> °F					X			45.	Floors, walls and ceilings maintained and clean							
<input checked="" type="checkbox"/> In			22.	Wastewater properly disposed								46.	No unapproved living or sleeping quarters							
<input checked="" type="checkbox"/> 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
40	JACK CHEESE	3-DOOR TURBO AIR FRIDGE			

Comments:  
-NO CRITICAL VIOLATIONS  
CORRECT THE FOLLOWING  
(21) PROVIDE HOT WATER OF AT LEAST 100°F AT THE BATHROOM SINK. WATER AT THE SINK MEASURED ONLY 92°F.  
(39) PROVIDE A VISABLE, WORKING, THERMOMETER INSIDE THE CHEESE REFRIGERATOR.  
(41) PROVIDE HOT RUNNING WATER TO THE MOP SINK. THE MOP SINK DID NOT HAVE OPERABLE PLUMBING.

Received By: [Signature] REHS: ANDREW PETYO