

# 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>Pizza Palace</u>		Inspection Date: <u>4/12/17</u>	
Address: <u>704 Fifth St, Orland, CA 95963</u>		Reinspection Date (on or after): <u>Next Inspection</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>Randy Hands, Scott Hands, Heidi Gelmore</u>	Phone No.: <u>865-7178</u>	Inspection Time: <u>3:40 pm</u>	Permit Exp. Date:
Certified Food Handler: <u>Heidi Gelmore</u>		Certificate Expiration Date: <u>4/23/17</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 (See reverse side of sheet for summary)</u>			

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

No PHF [ ]					
°F	Food	Location	°F	Food	Location
41	Potato Salad	salad bar	39	Pastrami	Top of pizza prep cooler
41	Potato Salad	2-Door over/under cooler	39	Sausage	" "
40	Pepperoni	Walk-in cooler			

**Comments:**

3) Cease storing cleaning chemicals (pot+detergent, bleach, etc) above food containers at shelves to right of mop sink.

1) Provide warm water of at least 100°F to customer restroom. Water measured 68°F.

8) Provide hood filter - and - clean grease accumulation from hood.

7) Store wiping towels in sanitizers when not in use.

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

FOOD FACILITY INSPECTION REPORT

Continuation Sheet

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

257 North Villa Avenue, Willows, CA 95988

Phone (530) 934-6102 FAX (530) 934-6103

Page 2 of 2

Name of Facility/ DBA: <u>Pizza Palace</u>	Inspection Date: <u>4/12/17</u>
Address: <u>704 Fifth St, Orland, CA 95963</u>	
Owner/Permitee: <u>Randy Hands, et al.</u>	
Applicable Law <u>CALIFORNIA RETAIL FOOD CODE</u> ("CalCode), Beginning with section 113700, California Health and Safety Code	

Comments:

- 45) Provide waterproof wall surface/covering behind 2-compartment sink in back room. wall behind sink is chipping paint.
- 47) Provide handwash signs at both restrooms.

Received By:

*[Signature]*

REHS:

John H. Wells