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: BLUE GUM MOTEL		Inspection Date: 7/6/16	
Address: 2637 C/R 99W, WILLOWS, CA		Reinspection Date (on or after): NEXT INSPECTION (Reinspections are subject to fees)	
Owner/Permitee: OFFSET INVESTMENTS	Phone No.:	Inspection Time: 4:00	Permit Exp. Date:
Certified Food Handler: - PRE-PACKAGED ONLY		Certificate Expiration Date: — (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		Out	COS
In			1. Demonstration of knowledge				24. Person in charge present and performs duties		
In			2. Communicable disease restrictions				25. Personal cleanliness and hair restraints		
In		N/O	3. Discharge of eyes, nose, mouth				26. Approved thawing methods used		
In		N/O	4. Eating, tasting, drinking, tobacco use				27. Food separated and protected		
In		N/O	5. Hands clean & properly washed, glove use				28. Washing fruits and vegetables		
In			6. Handwashing facilities available				29. Toxic substances properly identified, stored and used		
In	N/A	N/O	7. Proper hot and cold food holding temps				30. Food storage, 31. Self service, 32. Labeled		
In	N/A		8. Time as a public health control, records				33. Nonfood contact surfaces clean		
In	N/A	N/O	9. Proper cooling methods				34. Warewashing facilities maintained, test strips		
In	N/A	N/O	10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair		
In	N/A	N/O	11. Reheating temperature for hot holding				36. Equipment, utensils and linens, storage and use		
In	N/A	N/O	12. Returned and reservice of food				37. Vending Machines		
In			13. Food safe and unadulterated				38. Adequate ventilation and lighting		
In	N/A	N/O	14. Food contact surfaces clean and sanitized				39. Thermometers provided and accurate	X	
In			15. Food from approved source				40. Wiping cloths properly used and stored		
In	N/A	N/O	16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention		
In	N/A	N/O	18. Compliance with HACCP plan				42. Garbage properly disposed; facilities maintained		
In	N/A	N/O	19. Advisory for raw/undercooked food				43. Toilet facilities supplied, properly constructed, clean		
In	N/A		20. Health care/ School prohibited food				44. Premises clean, vermin proof; personal items separate		
In			21. Hot & cold water. Temp: >100 °F				45. Floors, walls and ceilings maintained and clean		
In			22. Wastewater properly disposed				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 [ ]

°F	Food	Location	°F	Food	Location
40	MILK (UN-OPEN)	SINGLE DOOR TRUE FRIDGE			

Comments:

** FACILITY IS APPROVED TO OPEN ON THE ABOVE TIME & DATE. THIS DOCUMENT WILL BE A TEMPORARY OPERATING PERMIT UNTIL ONE CAN BE MAILED.

CORRECT THE FOLLOWING:

39 PROVIDE A VISABLE THERMOMETER INSIDE THE TRUE FRIDGE.

Received By: [signature] REHS: ANDREW PERRO