## F OD FACILITY INSPECTION REPORT GLENN - JUNTY ENVIRONMENTAL HEALTH DL. ARTMENT 257 North Villa Avenue, Willows, CA 95988

Page 1 of

|  |  |  | Phone  | (530) 93  | 4-6102     | FAX (5  | 30) 934-6103  |   |            |        |  |  |
|--|--|--|--|-----------|------------|---|---|---|------------|--------|--|--|
| Name of Facility/ DBA:   |  |  |  |           |            |   |   | Inspection Date:  |            |        |  |  |
| BLACK BEAR LINER   |  |  |  |           |            |   | 1 27 15   |   |            |        |  |  |
| Address:  Reinspection Date (on or after):   |  |  |  |           |            |   |   |   |            |        |  |  |
| 246 N. THABOLDT AVE, WILLOWS   |  |  |  |           |            |   |   | (Reinspections are subject to fees)   |            |        |  |  |
| Owner/Permitee:  |  |  |  |           | Phone No.: |   |   | Inspection Time: Permit Exp. Date:  |            |        |  |  |
| VORTHERN SEAR N.   |  |  |  |           |            |   |   | 3:30  |            |        |  |  |
| Certified Food Handler:  |  |  |  |           |            |   |   | Certificate Expiration Date:  |            |        |  |  |
| KOSEMARY MIGHAUD   |  |  |  |           |            |   |   | (Certificate expires five years after it is issued)                                 |            |        |  |  |
|  |  | ine Inspe  |  | 1         |            |   |   | Other:  |            |        |  |  |
| Applicable Law Ca  | ALIFO  | RNIA RET   | AIL FOOD CODE ("CalCode), Beginning wit  | h section | 113700, C  | `alifornia  | Health and Safety Code (  | See reverse side of sheet for summary)  |            |        |  |  |
| In = In cor  | mpliar   | ice N  | /A = Not Applicable $N/O = Not Obset$  | erved     | Maj = N    | Major vic   | olation Out = Items   | not in compliance COS = Co  | rrected On | Site   |  |  |
|  |  |  | Critical Risk Factors for Disease  | Maj       | Out        | COS   | 24.5  |   | Ou         | CC     |  |  |
|  |  |  | onstration of knowledge<br>municable disease restrictions  |           |            | -   | 24. Person in charge present and performs duties 25. Personal cleanliness and hair restraints             |   |            | -      |  |  |
|  |  |  | harge of eyes, nose, mouth   |           |            |   | 26. Approved thawing methods used   |   |            | +      |  |  |
|  | 1/0  | 4. Eating, tasting, drinking, tobacco use                                |  |           |            |   | 27. Food separated and protected  |   |            |        |  |  |
|  | N/O 5. Hands clean & properly washed, glove use                  |  |  |           | -          | 28. Washing fruits and vegetables   |   |   |            |        |  |  |
| AND DESCRIPTION OF THE PARTY OF |  |  | Iwashing facilities available er hot and cold food holding temps   |           | ×          |   | 29. Toxic substances properly identified, stored and used 30. Food storage, 31. Self service, 32. Labeled |   | sed        | +      |  |  |
| In N/A   | In N/A 8. Time   |  | e as a public health control, records  |           |            |   | 33. Nonfood contact surfaces clean  |   |            |        |  |  |
|  | 1/0  |  | er cooling methods   |           |            |   |   | cilities maintained, test strips  |            |        |  |  |
|  | 1/0  |  | per cooking time and temps   |           |            |   |   | 35. Equipment, utensils, approved, clean good repair                                |            |        |  |  |
|  | 1/0  | Reheating temperature for hot holding     Returned and reservice of food |  |           |            |   | 36. Equipment, utensils and linens, storage and use 37. Vending Machines                                  |   |            | +      |  |  |
| (n)  |  | 13. Food safe and unadulterated  |  |           |            |   | 38. Adequate ventilation and lighting   |   |            |        |  |  |
|  |  |  |  |           |            |   | 39. Thermometers provided and accurate  |   |            |        |  |  |
| In N/A N   | 15. Food from approved source                                    |  |  |           |            |   |   | 40. Wiping cloths properly used and stored 41. Plumbing, proper backflow prevention |            |        |  |  |
|  |  |  |  |           |            |   | 42. Garbage properly disposed; facilities maintained  |   |            |        |  |  |
| In N/A N   |  |  |  |           |            |   | 43. Toilet facilities supplied, properly constructed, clean   |   |            |        |  |  |
|  | N/A 20. Health care/ School prohibited food                      |  |  |           |            |   | 44. Premises clean, vermin proof; personal items separate   |   |            |        |  |  |
| In   | 21. Hot & cold water. Temp: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |  |  |           |            | 45. Floors, walls and ceilings maintained and clean 46. No unapproved living or sleeping quarters |   |   | -          |        |  |  |
|  |  |  | 3. No rodents, insects, birds, animals   |           |            |   | 47. Signs posted; Permit & inspection report available  |   |            |        |  |  |
|  | 25. No rodents, mocets, ords, annuals                            |  |  |           |            | 48. Plan Review Required  |   |   |            |        |  |  |
|  |  | 5.5400 × 12-130-1  |  |           |            |   | 001.004 Q Q Q (00000000000000000000000000000  | 20-15-107-100   |            |        |  |  |
| No PHF [ ]   |  |  |  |           |            |   |   |   |            |        |  |  |
|  | °F Food  |  | Location   |           | °F         | °F Food   |   | Location  |            |        |  |  |
| 45 Sans  | SANSAGE  |  | COLD DRAWER  |           |            |   |   |   |            |        |  |  |
| 40 POZA  | to Potato  |  | COLD DRAWER KITCH  |           | 3          |   |   |   |            |        |  |  |
| 28 TRI-TIP   |  | ,  | HOT HOLDING CABIN  |           | -          |   |   |   |            |        |  |  |
|  |  |  |  |           |            |   |   | 1-7-7-11-1  |            |        |  |  |
| Commercial   |  |  |  |           |            | 1   |   |   |            | _      |  |  |
| Comments:  | C 11   | 1+1  | COPPECTED ALL  | BIL       | -          | 1 I   | Em Wini   | ATIONIC SEE   | REU        | L/2114 |  |  |
| 100  |  | 9  | The state of the s |           |            |   | VICE  | 1110103   |            | ~.     |  |  |
| BEL  | ow   |  |  |           |            |   |   |   |            |        |  |  |
|  |  |  | 5:1- /   |           |            | 3_  | . 1.  |   |            |        |  |  |
| 9 HOLD ALL P.HIF AT BELOW 41 F OR AT ABOVE BS F AT ALL   |  |  |  |           |            |   |   |   |            |        |  |  |
|  |  |  | ISURED TRIT  |           |            |   |   | 1 1   |            |        |  |  |
| NOPERATOR DISPOSED OF ONE TRI-TIP ROAST & DIDN'T WANT TO   |  |  |  |           |            |   |   |   |            |        |  |  |
| HEAT TO KILLTEMP.  |  |  |  |           |            |   |   |   |            |        |  |  |
| 35) REPL   | AC   | 571  | DONY COMMERCIA!  | _ A       | PPL        | IAN   | CES W   | COMMERCIAL  | SRAD       | ELL    |  |  |
| Received By: What REHS: REHS: And Lary   |  |  |  |           |            |   |   |   |            |        |  |  |

## OFFICIAL INSPECTION REPORT

## **Continuation Sheet**

## GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT 257 North Villa Avenue, Willows, CA 95988 Phone (530) 934-6102 FAX (530) 934-6103

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| Name of Facility/ DBA:                  | Inspection Date: |
|---|------------------|
| BLACK SEAR DINER                        | 1/27/15          |
| Address:                                |                  |
|   | /                |
| Owner/Permitee:                         | _                |
|   |                  |
| Comments:                               |                  |
| Comments: VIOLATIONS (CONT.)            |                  |
| 35 APPROVED, HEALTH DEPT APPROVED APP   | WHITE KEN        |
| SO ATTRIVED, THEATER THE TOPPENCES THE  | BLACK EMERSO     |
| ALEVATE INDIFFECT PLUMBING UNDER THE    | E DISHWASHER     |
| SO THAT PIPES TERMINATE ABOVE THE FL    |                  |
|   | COD RIFLOF THE   |
| FLOOR DRAIN.                            |                  |
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