FOOD FACILITY INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT 257 North Villa Avenue, Willows, CA 95988

Page 1 of \

Phone (530) 934-6102 FAX (530) 934-6103												
Name of Facility/ DBA:												
Dutte City Cius									11814			
Address:									Reinspection Date (on or after):			
									(Reinspections are subject to fee	(Reinspections are subject to fees)		
Owner/Permitee:						Phone No.:			Inspection Time: Permit Exp. Date:			:
LEANIX KONSTOCK												
Certified Food Handler: Certificate Expiration Date:												
- NENE AVAILABLE									(Certificate expires five years after it is issued)			
Servi		tine Inspe		Reinspection Com	plaint ☐ Construction/Pre-opening ☐				Other:			
Applie	cable Law CALIFO	RNIA RET	AIL FOOD COD	E ("CalCode), Beginning with	h section	113700, C	alifornia	Health and Safety Code	See reverse side of sheet for su	ımmary)		
	, , ,		/A N/ / A 1	. II. N/O N (OL				1		C - C	1 O - C'4	
	In = In compliance N/A = Not Applicable N/O = Not Obse				Maj	Out Out	Aajor vio	lation Out = Items	ems not in compliance COS = Correcte			COS
In					×	×	COS	24. Person in charge	present and performs duti	es	Out	000
(In)		Communicable disease restrictions			1				ness and hair restraints			
In	(N/O)							26. Approved thawi				
In	NIO							27. Food separated				
In	5. Hands clean & properly washed, glove use				-	.,		28. Washing fruits a	is and vegetables aces properly identified, stored and used			
In In					×	X			31. Self service, 32. Labeled			
In								33. Nonfood contact				
In						*(6)			acilities maintained, test strips			
In	N/A N/O	10. Prop	er cooking tim	e and temps			ų.		nsils, approved, clean good repair			
In (N/A N/O 11. Reheating temperature for hot holding						COMMISSION OF THE PARTY OF THE		nsils and linens, storage and use			
In	N/A N/O 12. Returned and reservice of food					-		37. Vending Machin				
In In	N/A (N/O) 14. Food contact surfaces clean and sanitized							38. Adequate ventila	provided and accurate			
In	15. Food from approved source								provided and accurate			
	N/O N/O								oper backflow prevention			
In	N/A N/O 18. Compliance with HACCP plan								rly disposed; facilities maintained			
In (upplied, properly construc			-
In								44. Premises clean, vermin proof; personal items separate				
In								45. Floors, walls and ceilings maintained and clean				
In					. /	~		46. No unapproved living or sleeping quarters 47. Signs posted; Permit & inspection report available				
111	In 23. No rodents, insects, birds, animals				×	×		48. Plan Review Required			×	
No PHF [★												
°F	Food Location				°F Food I			Loc	ation			
						1						
									<u>на - эке</u>			
	-											
				2000						11-14-11-11-11-11-11-11-11-11-11-11-11-1		
Comments:												
**CRITICAL VIOLATIONS **												
** SEE REPORT DATED 10 17/13 FOR OUTSTANDING VIOLATIONS												
THAT HAVE NOT BEEN CORFECTED, A \$80.00 RE-INSPECTION												
	THAT	HA	VE NO	T BEEN (ORP	ECT	ED,	A \$80.	RE-INSP	EGIE	N	
FEE WILL BE CHARGED FOR THIS RE-INSPECTION. CONTACT												
	T 11	A	-11=	15 IF D.					7-1-101-			
	E.H.	Ai	Itte	ABOVE TH	ONE	71	LMB	ER 10	RECONCLE	THE	SE	
	VIOL	ATIC	2115									
11	7100	1110	121	THE BUILD	MG	HAS	BE	EEN REHO	VED & OPERA	TOR S	AID	
NOTE: FLODEING IN THE BUILDING HAS BEEN REHOVED & OPERATOR SAID THEY ARE GETTING A BID FOR NEW FLOORING. THIS MUST BE												
	1110	A	1		-	1		Λ	PLANS C	HECKE	ED	
Daga	sired Den	A	1 ,	1.		р	EHC.		1			
Kece	eived By:	1	Troy			K	EHS:	TNDRE	w A- F	E-700		