## FOOD FACILITY INSPECTION REPORT GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT 257 North Villa Avenue, Willows, CA 95988 Phone (530) 934-6102 FAY (530) 934-6103

Page 1 of \_\_\_

| F  |                                 |                                    |  |  | Phone (530   | 934-61  | 02 FA       | X (530)      | 934-6103                                |   |         |
|--|---------------------------------|------------------------------------|--|--|--|---|-------------|--------------|---|---|---------|
| Name of Facilit  | ty/ DBA                         | :                                  | - Contract C |  |  |   |             |              |   | Inspection Pate:                                  |         |
| \ \dag{\chi}   | ع د ۸                           |                                    | -  | \  | 1  | -   |             |              |   | 8/17/13   |         |
| TANKYS TARMERS MARKET  |                                 |                                    |  |  |  |   |             |              |   |   |         |
| Address:  20 & WALKER ST, ORLAND, CA  Owner/Permitee: Phone No.: |                                 |                                    |  |  |  |   |             |              | Reinspection Date (on or after):        |   |         |
| 20 8 WALKER ST . MR. AND CA                                      |                                 |                                    |  |  |  |   |             |              | (Reinspections are subject to fees)     | 1001  |         |
| Owner/Permitee   | ۵.                              |                                    |  |  | , , , ,  | Ph  | one No :    | <u> </u>     |   | Inspection Time: Permit Exp                       |         |
| o mient chime  | <b>C</b> .                      |                                    |  |  |  | ' "   | 0110 110    |              |   | 1: '  | . Date. |
|  |                                 |                                    |  |  |  | 1   |             |              |   | 10:00   | ı       |
| Certified Food l   | Handler                         | : ,                                |  |  |  |   |             |              |   | Certificate Expiration Date:                      |         |
|  |                                 | 1 /2                               |  |  |  |   |             |              |   | •   | . 1     |
|  |                                 |                                    |  |  |  |   |             |              |   | (Certificate expires five years after it is issue | :d)     |
|  |                                 | ne Inspe                           |  | Reinspection   |  |   |             |              |   | Other:  |         |
| Applicable Law C   | CALIFOR                         | NİA RETA                           | AIL FOOD CO  | DE ("CalCode,  | ), Beginning with  | section 1                                     | 13700, Ca   | lifornia H   | lealth and Safety Code                  | (See reverse side of sheet for summary)           |         |
|  |                                 |                                    |  |  |  |   |             |              |   |   |         |
| ln = In com  | npliance                        |                                    | = Not Applic   |  | = Not Observe  |   | <del></del> | or violati   | ion Out = Items                         | not in compliance COS = Corrected Or              |         |
|  |                                 |                                    | Critical Risk  |  | Disease  | Maj   | Out         | COS          |   |   | Out     |
| (In  | N/O                             |                                    | nonstration of   |  | Kata a   | 1200  |             |              |   | rge present and performs duties                   |         |
|  | -                               |                                    | nmunicable d   |  | 2000 19 200 2,   | 14.50   |             |              | {                                       | nliness and hair restraints                       |         |
|  | NIO                             |                                    | charge of eye  |  |  | 122512  |             |              |   | wing methods used                                 |         |
| In   | (N/O                            |                                    | ing, tasting, d  |  |  | MAY TO BE                                     | ļ           | <u> </u>     | 27. Food separate                       |   |         |
| Įn,  | (N/O)                           |                                    | ids clean & pi   |  |  |   |             |              | 28. Washing fruit                       |   |         |
| Ih   |                                 |                                    | ndwashing fac  |  |  | A second                                      |             |              | *************************************** | nces properly identified, stored and used         |         |
| In N/A   | N/O                             |                                    | per hot and co   |  |  |   |             | <u> </u>     |   | 31. Self service, 32. Labeled                     |         |
| In NA  | N/O                             | Congress of September 1995 - W. C. | ne as a public   | and a contract of the contract | l, records   | 14  |             |              | 33. Nonfood cont                        |   |         |
| In (N/A)   | N/O                             | 5124 2200-0125-3001                | per cooling m  | A Marie Control of the Control of th | Achiel III   | Garage L                                      |             |              | <u> </u>                                | facilities maintained, test strips                |         |
| In NA  | N/O                             |                                    | pper cooking t   |  |  |   |             |              |   | tensils, approved, clean good repair              |         |
| In (N/A  | N/O                             |                                    | heating tempe  |  |  |   |             |              |   | tensils and linens, storage and use               |         |
| In (N/A)   | N/O                             |                                    | tumed and res  |  |  | 大学等于  |             |              | 37. Vending Mac                         |   |         |
|  |                                 | 13. Fo                             | od in good co  | ndition, safe,   | unadulterated  | 15/2  |             |              | 38. Adequate ven                        | tilation and lighting                             |         |
| M) N/A   | N/O                             | 1170 W #8400150-1000               | od contact sur   | ACCOUNT OF A STANDARD SALE, AND ADDRESS OF A STANDARD SALES  | nd sanitized   |   |             |              | <ol><li>39. Thermometer.</li></ol>      | s provided and accurate                           |         |
| (In )  |                                 | 15. Fo                             | od from appro  | oved source  | A STATE OF THE SECOND  |   |             |              | 40. Wiping cloths                       | s properly used and stored                        |         |
| In (MA)  | N/O                             | 16. Sh                             | ell stock tags,  | , 17. Gulf Oys   | ter regs   |   |             |              | 41. Plumbing, pro                       | oper backflow prevention                          |         |
| In N/A   | N/O                             | 18. Co                             | mpliance with  | h HACCP pla  | ın   | 162   |             |              | 42. Garbage prop                        | erly disposed; facilities maintained              |         |
| In (NA)  | N/O                             | 19. Ad                             | visory for raw   | v/undercooke   | d food   | FIX.  |             |              | 43. Toilet facilitie                    | es supplied, properly constructed, clean          |         |
| In (N/A)   |                                 |                                    | alth care/ Sch   |  |  | C**30*****                                    |             |              | 44. Premises clea                       | n and vermin proof; personal items separat        | e       |
| (In )  |                                 | 21. Ho                             | t & cold wate  | er. Temp: 🚶  | 70°F   |   |             |              | 45. Floors, walls                       | and ceilings maintained and clean                 |         |
| OR .   |                                 | 22. Wa                             | istewater prop   | perly disposed   | i  | S. 4  |             |              | 46. No unapprove                        | ed living or sleeping quarters                    |         |
| (In)   |                                 |                                    | rodents, inse  |  |  | 8-3   |             |              |   | Last inspection report available                  | V       |
|  |                                 |                                    |  |  |  |   |             |              |   |   |         |
| No PHF   | /] st                           | \ l                                | "DUE   |  |  |   |             |              |   |   |         |
|  | Food                            | NO.                                | PHF  | Locat  | · · · · · · · · · · · · · · · · · · ·  |   | 0.77        | 1            | T                                       | Tanakina  |         |
| °F ′   | Food                            |                                    |  | Loca   | tion   |   | °F          |              | Food                                    | Location  |         |
|  |                                 |                                    |  |  |  |   |             |              |   |   |         |
|  |                                 |                                    |  |  |  |   |             |              |   |   |         |
|  |                                 |                                    |  |  |  |   | <u> </u>    |              |   |   |         |
|  |                                 |                                    |  |  |  |   | 1           |              |   |   |         |
|  |                                 |                                    |  |  |  |   | <b>!</b>    | <del> </del> |   |   |         |
|  |                                 |                                    |  |  |  |   |             |              |   |   |         |
| Comments   | ς.                              |                                    |  |  |  |   |             |              |   |   |         |
|  | ٠.                              |                                    |  |  |  |   |             |              |   |   |         |
|  |                                 |                                    |  |  |  |   |             |              |   |   |         |
| 1 10   |                                 |                                    | HE FE  |  | 101  |   |             |              |   |   |         |
| Con  |                                 |                                    | 165 -4-E   | sile, NI   | (- (c.   |   |             |              |   |   |         |
| © CERTIFICATION CONTRACTOR OF THE                                | ··· Derson instrumentalismostal | Parkets Assessment Consumer States | PARENT PORTOTO DE LA CONTRACTOR DE LA CO | NA CAMBANA NA PARAMANA NA  | HARLING REPORTED TO STATE OF THE PARTY OF TH | -   |             |              |   |   |         |
|  |                                 |                                    |  |  |  |   |             |              |   |   |         |
|  |                                 |                                    |  |  |  |   |             |              |   | f   |         |
|  |                                 |                                    | 12155  | SIO  | ATION  | · -   | ~ ·         | 14           | DISPLA                                  | WED SIGN (CMY                                     | STATE   |
| 47 AT  | -                               | 72 m <                             |  | <u> </u>   | - 11 PO-   | <u>, , , , , , , , , , , , , , , , , , , </u> |             | T. IK        |   | STER CITY   | , 2766  |
| FF AD  | 0                               | Bus                                | 31.  |  |  |   |             |              |   | V   |         |
| 47 AD  | 0                               | Bus                                |  |  |  |   |             |              |   |   |         |
| 47 AD  |                                 | Bus                                |  |  |  |   |             |              |   |   |         |
| 47 AT  | <u> </u>                        | Bus                                |  |  |  |   |             |              |   |   |         |
| 43 AD  | G                               | Bus                                |  |  |  |   |             |              |   |   |         |
| 43 AD  | D                               | Bus                                | 31   |  |  |   |             |              |   |   |         |
| 47 AD  | <b>D</b>                        | Bus                                |  |  |  |   |             |              |   |   |         |
| 47 AD  | <b>S</b>                        | Bus                                |  |  |  |   |             |              |   |   |         |
| 47 AD  |                                 | Bus                                |  |  |  |   |             |              |   |   |         |
| 47 AD  |                                 | Bus                                |  |  |  |   |             |              |   |   |         |
| 47) AD   |                                 | Bus                                | <u> </u>   |  |  |   |             |              |   |   |         |
| 47) AD   |                                 | Bus                                | <u> </u>   | 7  |  |   |             |              | Λ                                       |   |         |
| 47) AD   |                                 | Bus                                | <u> </u>   | 7  | ÷ , 10   |   |             |              |   | A   |         |
| Received   |                                 | Bus                                | <u> </u>   | 7  | TUCY   |   |             | EHS:         | <u></u>                                 |   |         |