

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>Nancy's Elk Horn Lodge</u>		Inspection Date: <u>1/15/19</u>	
Address: <u>2745 & 2749 C/R 306, ELK CREEK, CA</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permitee: <u>SHARON GREEN</u>	Phone No.:	Inspection Time: <u>9:00</u>	Permit Exp. Date: <u>—</u>
Certified Food Handler: <u>-NONE CURRENT</u>		Certificate Expiration Date: <u>—</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 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							X			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							X			29. Toxic substances properly identified, stored and used	
In	N/A	N/O								30. Food storage, 31. Self service, 32. Labeled	
In	N/A	N/O								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	X
In	N/A	N/O								36. Equipment, utensils and linens, storage and use	X
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	
In	N/A	N/O								40. Wiping cloths properly used and stored	
In	N/A	N/O								41. Plumbing, proper backflow prevention	X
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							X			45. Floors, walls and ceilings maintained and clean	X
In										46. No unapproved living or sleeping quarters	
In										47. Signs posted: Permit & inspection report available	
In										48. Plan Review Required	

No PHF []					
°F	Food	Location	°F	Food	Location
37	HAM CUBES	ATOP PREP COOLER	41	POTATO SALAD	SALAD BAR
136	SAUSAGE GRAVY	ATOP STEAM TABLE	136	CHICKEN RICE	SOUP WELL
40	SAUSAGE PATTIES	BELOW PREP COOLER	39	RAW EGG	INSIDE WALK-IN FRIDGE
40	HAMBURGER	2-DOOR EVEREST			

Comments: VIOLATIONS

① FACILITY MUST ~~BE~~ HAVE A CERTIFIED FOOD MGR AT ALL TIMES, SOMEONE WHO HAS TAKEN THE CLASS & PASSED EXAM. OBTAIN WITHIN 60 DAYS ⇒ 3/15/19.

② A HANDWASH SINK MUST BE INSTALLED WHERE 3-COMP SINK WAS REMOVED. ALL APPLIANCE ADDITIONS/REMODELS MUST BE PLAN CHECKED & APPROVED BY G. C.E.H. REPEAT VIOLATION

Received By: [Signature] REHS: Andrew Perry

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Continuation Sheet
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Comments:

Violations (cont.):

- 21 MAINTAIN HOT WATER OF AT LEAST 100°F IN THE BATHROOMS. MEASURED ONLY 95°F AT THE BATHROOM SINK.
- 35 RE-FINISH ALL THE BARE WOOD SURFACES, TABLES, ETC. SO THAT THEY ARE NON-ABSORBANT, DURABLE & EASILY CLEANABLE. TABLE IN KITCHEN MUST BE REMOVED OR REFINISHED. REPEAT VIOLATION.
- 35 REPLACE NON-COMMERCIAL APPLIANCES WITH COMMERCIAL GRADE, N.S.F. & HEALTH DEPT. APPROVED APPLIANCES. (BLACK MINI FRIDGE & DOMESTIC FABERWARE TOASTER)
- 35 CLEAN/SANITIZE/DEGREASE THE HOOD Baffles ON THE EXHAUST HOOD.
- 36 DISCONTINUE STORING SCOOPS IN BULK FOOD BINS.
- 36 SECURE ALL PRESSURIZED CYLINDERS TO AN IMMOBILE SURFACE. OBSERVED CO₂ CYLINDERS UN-CHAINED.
- 38 PROVIDE SHATTER PROOF BULBS OR LIGHT SHIELDS IN THE KITCHEN LIGHTS
- 41 THE 3-COMPARTMENT SINK THAT WAS RELOCATED. MUST BE PLAN CHECKED & HAVE INDIRECT DRAINAGE & WILL BE SUBJECT TO CURRENT HEALTH & SAFETY CODE. REPEAT VIOLATION.
- 45 FINISH FLOOR TILE TO THE WALL NEAR THE STOVE.
- 45 RE-PAINT CEMENT FLOORING IN THE BACK ROOM.
- 45 CLEAN/SANITIZE/DEGREASE CEILING IN THE KITCHEN AREA.

Received By:

[Signature]

REHS:

[Signature]