

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>Walgreens #13001</u>		Inspection Date: <u>1/18/19</u>	
Address: <u>828 Walker St, Orland, CA 95963</u>		Reinspection Date (on or after): <u>Next Inspection</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>Averline/Walgreen Co.</u>	Phone No.: <u>865-9859</u>	Inspection Time: <u>1:45 pm</u>	Permit Exp. Date:
Certified Food Handler: <u>- Packaged Food -</u>		Certificate Expiration Date: <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 <u>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code</u> (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
<u>In</u>									24. Person in charge present and performs duties		
<u>In</u>									25. Personal cleanliness and hair restraints		
<u>In</u>	N/O								26. Approved thawing methods used		
<u>In</u>	N/O								27. Food separated and protected		
<u>In</u>	N/O								28. Washing fruits and vegetables		
<u>In</u>									29. Toxic substances properly identified, stored and used		
<u>In</u>	N/A	N/O							30. Food storage, 31. Self service, 32. Labeled	X	
<u>In</u>	N/A								33. Nonfood contact surfaces clean		
<u>In</u>	N/A	N/O							34. Warewashing facilities maintained, test strips		
<u>In</u>	N/A	N/O							35. Equipment, utensils, approved, clean good repair		
<u>In</u>	N/A	N/O							36. Equipment, utensils and linens, storage and use		
<u>In</u>	N/A	N/O							37. Vending Machines		
<u>In</u>									38. Adequate ventilation and lighting		
<u>In</u>	N/A	N/O							39. Thermometers provided and accurate		
<u>In</u>									40. Wiping cloths properly used and stored		
<u>In</u>	N/A	N/O							41. Plumbing, proper backflow prevention		
<u>In</u>	N/A	N/O							42. Garbage properly disposed; facilities maintained	X	
<u>In</u>	N/A	N/O							43. Toilet facilities supplied, properly constructed, clean		
<u>In</u>	N/A								44. Premises clean, vermin proof; personal items separate		
<u>In</u>							X		45. Floors, walls and ceilings maintained and clean		
<u>In</u>									46. No unapproved living or sleeping quarters		
<u>In</u>									47. Signs posted; Permit & inspection report available		
									48. Plan Review Required		

No PHF []					
°F	Food	Location	°F	Food	Location
	<u>42 Milk</u>	<u>walk-in cooler</u>			

Comments:

2) Provide hot water at 120°F - Measured 118°F at mop sink.

3) Cease storing food on floor in walk-in cooler/freezer.

4) Maintain dumpster lids closed.

Received By: [Signature] REHS: John H. Wells