

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: CALI SMOKE SHOP		Inspection Date: 10/16/18	
Address: 505 N. HUMBOLDT AVE, WILLOWS		Reinspection Date (on or after): <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: HARISH BANGER	Phone No.: 330-7089	Inspection Time: 3:00	Permit Exp. Date: -
Certified Food Handler: N/A - PRE-PACKAGED ONLY		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 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
<input checked="" type="checkbox"/> In		1. Demonstration of knowledge			24. Person in charge present and performs duties
<input checked="" type="checkbox"/> In		2. Communicable disease restrictions			25. Personal cleanliness and hair restraints
<input checked="" type="checkbox"/> In	N/O	3. Discharge of eyes, nose, mouth			26. Approved thawing methods used
<input checked="" type="checkbox"/> In	N/O	4. Eating, tasting, drinking, tobacco use			27. Food separated and protected
<input checked="" type="checkbox"/> In	N/O	5. Hands clean & properly washed, glove use			28. Washing fruits and vegetables
<input checked="" type="checkbox"/> In		6. Handwashing facilities available		X	29. Toxic substances properly identified, stored and used
<input checked="" type="checkbox"/> In	N/A	7. Proper hot and cold food holding temps			30. Food storage, 31. Self service, 32. Labeled
<input checked="" type="checkbox"/> In	N/A	8. Time as a public health control, records			33. Nonfood contact surfaces clean
<input checked="" type="checkbox"/> In	N/A	9. Proper cooling methods			34. Warewashing facilities maintained, test strips
<input checked="" type="checkbox"/> In	N/A	10. Proper cooking time and temps			35. Equipment, utensils, approved, clean good repair
<input checked="" type="checkbox"/> In	N/A	11. Reheating temperature for hot holding			36. Equipment, utensils and linens, storage and use
<input checked="" type="checkbox"/> In	N/A	12. Returned and reservice of food			37. Vending Machines
<input checked="" type="checkbox"/> In		13. Food safe and unadulterated			38. Adequate ventilation and lighting
<input checked="" type="checkbox"/> In	N/A	14. Food contact surfaces clean and sanitized			39. Thermometers provided and accurate
<input checked="" type="checkbox"/> In		15. Food from approved source			40. Wiping cloths properly used and stored
<input checked="" type="checkbox"/> In	N/A	16. Shell stock tags, 17. Gulf Oyster regs			41. Plumbing, proper backflow prevention
<input checked="" type="checkbox"/> In	N/A	18. Compliance with HACCP plan			42. Garbage properly disposed; facilities maintained
<input checked="" type="checkbox"/> In	N/A	19. Advisory for raw/undercooked food			43. Toilet facilities supplied, properly constructed, clean
<input checked="" type="checkbox"/> In	N/A	20. Health care/ School prohibited food			44. Premises clean, vermin proof; personal items separate
<input checked="" type="checkbox"/> In		21. Hot & cold water. Temp: 73 °F		X	45. Floors, walls and ceilings maintained and clean
<input checked="" type="checkbox"/> In		22. Wastewater properly disposed			46. No unapproved living or sleeping quarters
<input checked="" type="checkbox"/> In		23. No rodents, insects, birds, animals			47. Signs posted; Permit & inspection report available
					48. Plan Review Required

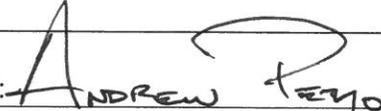
No PHF

°F	Food	Location	°F	Food	Location

Comments: VIOLATIONS:

(21) **(6)** All HANDWASH SINKS SHALL BE PROPERLY SUPPLIED WITH WARM WATER (>100°F), SOAP & HAND TOWELS. THE ONLY HANDWASH SINK LACKED PAPER TOWELS & WARM WATER.

(41) REPAIR MOP SINK SO THAT IT FUNCTIONS AND HAS A BACKFLOW PREVENTION DEVICE ATTACHED.

Received By:  REHS:  ANDREW PENO