

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: GLENN MEDICAL CENTER		Inspection Date: 10/5/18	
Address: 1133 W. SYCAMORE ST., WILLOWS, CA		Reinspection Date (on or after): NEXT INSPECTION <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: GLENN MEDICAL CENTER INC.	Phone No.:	Inspection Time: 11:00	Permit Exp. Date:
Certified Food Handler: ERIN MUNJAR		Certificate Expiration Date: 7/28/19 <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									24. Person in charge present and performs duties		
<input checked="" type="checkbox"/> In									25. Personal cleanliness and hair restraints		
<input checked="" type="checkbox"/> In		<input checked="" type="checkbox"/> N/O							26. Approved thawing methods used		
<input checked="" type="checkbox"/> In		<input checked="" type="checkbox"/> N/O							27. Food separated and protected		
<input checked="" type="checkbox"/> In		<input checked="" type="checkbox"/> N/O							28. Washing fruits and vegetables		
<input checked="" type="checkbox"/> In									29. Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O					<input checked="" type="checkbox"/> X		30. Food storage, 31. Self service, 32. Labeled		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A								33. Nonfood contact surfaces clean		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O							34. Warewashing facilities maintained, test strips		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O							35. Equipment, utensils, approved, clean good repair	<input checked="" type="checkbox"/> X	
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O							36. Equipment, utensils and linens, storage and use		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O							37. Vending Machines		
<input checked="" type="checkbox"/> In									38. Adequate ventilation and lighting		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O							39. Thermometers provided and accurate		
<input checked="" type="checkbox"/> In									40. Wiping cloths properly used and stored		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O							41. Plumbing, proper backflow prevention		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O							42. Garbage properly disposed; facilities maintained		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O							43. Toilet facilities supplied, properly constructed, clean		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A								44. Premises clean, vermin proof; personal items separate		
<input checked="" type="checkbox"/> In									45. Floors, walls and ceilings maintained and clean		
<input checked="" type="checkbox"/> In									46. No unapproved living or sleeping quarters		
<input checked="" type="checkbox"/> In							<input checked="" type="checkbox"/> X		47. Signs posted; Permit & inspection report available		
<input checked="" type="checkbox"/> In									48. Plan Review Required		

No PHF []					
°F	Food	Location	°F	Food	Location
39	TURKEY	ATOP PREP COOLER			
45	JACK CHEESE	IN ICE BATH			
40	YOGURT	SINGLE DOOR ARCTIC AIR FRIDGE			
38	EGGS	WALK-IN FRIDGE			

Comments:
-NO CRITICAL VIOLATIONS

OTHER VIOLATIONS

(7) HOLD ALL POTENTIALLY HAZARDOUS FOOD AT/BELOW 41°F OR AT/ABOVE 135°F AT ALL TIMES. MEASURED P.H.F. ON AN IMPROPER ICE BATH (JACK CHEESE) @ 45°F. OPERATOR FIXED ICE BATH.

(25) KEEP FACILITY FREE OF ALL PESTS & VERMIN AT ALL TIMES. OBSERVED A LIVE COCKROACH IN MICROWAVE.

(35) REPLACE ALL NON-COMMERCIAL APPLIANCES W/ COMMERCIAL GRADE, N.S.F. APPROVED APPLIANCES. (I.E. SILVER PANASONIC MICROWAVE)

Received By: Jessica Anderson REHS: ANDREW PETRO