

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>Round Table Pizza</u>		Inspection Date: <u>10/5/18</u>	
Address: <u>302 E. Walker St, Orland, CA 95963</u>		Reinspection Date (on or after): - <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>Frank Cisco</u>	Phone No.: <u>855-4343</u>	Inspection Time: <u>11:40am</u>	Permit Exp. Date:
Certified Food Handler: <u>Heather Kassel + 1 other</u>		Certificate Expiration Date: 3/24/18 <u>3/24/20</u> <small>(Certificate expires five years after it is issued)</small>	
Service: <input type="checkbox"/> Routine Inspection <input type="checkbox"/> Reinspection <input checked="" 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			
In									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									29. Toxic substances properly identified, stored and used		
In	N/A	N/O							30. Food storage, 31. Self service, 32. Labeled		
In	N/A								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		
In	N/A	N/O							36. Equipment, utensils and linens, storage and use		
In	N/A	N/O							37. Vending Machines		
In									38. Adequate ventilation and lighting		
In	N/A	N/O							39. Thermometers provided and accurate		
In									40. Wiping cloths properly used and stored		
In	N/A	N/O							41. Plumbing, proper backflow prevention		
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								44. Premises clean, vermin proof; personal items separate		
In									45. Floors, walls and ceilings maintained and clean		
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
44	Ham cubes	Salad Bar - 45°F	is ok.		
44	Kidney Beans	--	--		
150	Pizza	Pizza Buffet			

Comments:
 - This is a complaint investigation alleging a food borne illness.
 - Followed the procedures for alleged foods; all food handling is acceptable.
 - No evidence to substantiate the complaint observed.

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