

FOOD FACILITY INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

247 North Villa Avenue, Willows, CA 95988
Phone (530) 934-6102 FAX (530) 934-6103

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Name of Facility/ DBA: <u>Glenn County Fairgrounds</u>		Inspection Date: <u>11/25/17</u>	
Address: <u>221 E. Yoto St, Orland, CA 95963</u>		Reinspection Date (on or after): <u>Next Inspection</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>State of California</u>	Phone No.:	Inspection Time: <u>2:35 pm</u>	Permit Exp. Date:
Certified Food Handler: <u>- None current -</u>		Certificate Expiration Date: <u>-</u> <small>(Certificate expires five years after it is issued)</small>	
Service: <input 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 (See reverse side of sheet for summary)</u>			

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							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									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		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								44. Premises clean, vermin proof; personal items separate			
In									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 <input checked="" type="checkbox"/>					
°F	Food	Location	°F	Food	Location
	<u>No food onsite at time of inspection.</u>				

Comments:

4) Either remove hose or provide backflow prevention at the mop sink.

5) Clean the dead cockroach from floor by stove.

6) Provide food safety manager for facility.

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