

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>ITALIAN COFFEE GUYS</u>		Inspection Date: <u>12/5/18</u>	
Address: <u>580 CAPAY AVE, HAMILTON CITY, CA</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>JAMES BAKER</u>	Phone No.:	Inspection Time: <u>2:00</u>	Permit Exp. Date:
Certified Food Handler - <u>MGR</u> <u>JAMES BAKER</u>		Certificate Expiration Date: <u>2/17/19</u> <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 (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			
<u>In</u>		1. Demonstration of knowledge				24. Person in charge present and performs duties		
<u>In</u>		2. Communicable disease restrictions				25. Personal cleanliness and hair restraints		
<u>In</u>	<u>N/O</u>	3. Discharge of eyes, nose, mouth				26. Approved thawing methods used		
<u>In</u>	<u>N/O</u>	4. Eating, tasting, drinking, tobacco use				27. Food separated and protected		
<u>In</u>	<u>N/O</u>	5. Hands clean & properly washed, glove use				28. Washing fruits and vegetables		
<u>In</u>		6. Handwashing facilities available				29. Toxic substances properly identified, stored and used		
<u>In</u>	<u>N/A</u>	<u>N/O</u> 7. Proper hot and cold food holding temps				<u>30. Food storage, 31. Self service, 32. Labeled</u>	<u>X</u>	
<u>In</u>	<u>N/A</u>	8. Time as a public health control, records				33. Nonfood contact surfaces clean		
<u>In</u>	<u>N/A</u>	<u>N/O</u> 9. Proper cooling methods				34. Warewashing facilities maintained, test strips		
<u>In</u>	<u>N/A</u>	<u>N/O</u> 10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair	<u>X</u>	
<u>In</u>	<u>N/A</u>	<u>N/O</u> 11. Reheating temperature for hot holding				36. Equipment, utensils and linens, storage and use		
<u>In</u>	<u>N/A</u>	<u>N/O</u> 12. Returned and reservice of food				37. Vending Machines		
<u>In</u>		13. Food safe and unadulterated				38. Adequate ventilation and lighting		
<u>In</u>	<u>N/A</u>	<u>N/O</u> 14. Food contact surfaces clean and sanitized				39. Thermometers provided and accurate		
<u>In</u>		15. Food from approved source				40. Wiping cloths properly used and stored		
<u>In</u>	<u>N/A</u>	<u>N/O</u> 16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention		
<u>In</u>	<u>N/A</u>	<u>N/O</u> 18. Compliance with HACCP plan				42. Garbage properly disposed, facilities maintained		
<u>In</u>	<u>N/A</u>	<u>N/O</u> 19. Advisory for raw/undercooked food				43. Toilet facilities supplied, properly constructed, clean		
<u>In</u>	<u>N/A</u>	<u>N/O</u> 20. Health care/ School prohibited food				44. Premises clean, vermin proof; personal items separate		
<u>In</u>		21. Hot & cold water. Temp: <u>170⁺</u> °F				45. Floors, walls and ceilings maintained and clean		
<u>In</u>		22. Wastewater properly disposed				46. No unapproved living or sleeping quarters		
<u>In</u>		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
<u>39</u>	<u>Milk</u>	<u>2-DUPR ARTIC AIR FRIDGE</u>			

Comments:
- NO CRITICAL VIOLATIONS

OTHER VIOLATIONS

(30) STORE ALL FOOD ON FOOD STORAGE RACKS AND NOT IN THE BATHROOM. FOOD IN THE BATHROOM IS PROHIBITED.

(35) DISCONTINUE POURING HOT WATER FROM THE MOP SINK. MOP SINK SHALL ONLY BE USED FOR JANITORIAL SERVICES. REPEAT VIOLATION!

Received By: <u>[Signature]</u>	REHS: <u>ANDREW PETYO</u>
---------------------------------	---------------------------