FOOD FACILITY INSPECTION REPORT GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

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

Page 1 of

| Receive | d By: | U. | S. MAIL | | R | EHS: | A Deten |) | | | | |
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| | | | | | | | | | | | | |
| -NO VIOLATIONS OBSERVED AT THE TIME OF INSPECTION. | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | |
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| | - 14 A | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | . 000 | | | | T | 1 1000 | | Loca | uuil | | | |
| No PHF [×] ○ Food Location ○ | | | | | | | Food | Loca | tion | | | |
| | | | | | | | 48. Plan Review Req | | | | | |
| ln ln | 12.00 | | tewater properly disposed odents, insects, birds, animals | | | | | yed living or sleeping quarters ; Permit & inspection report available | | | | |
| (În) | 21. Hot & cold water. Temp: 120 to F | | | | | | 45. Floors, walls and | ermin proof; personal items ceilings maintained and clea | | | | |
| In N/A | n N/A N/O 19. Advisory for raw/undercooked food | | | | | | 43. Toilet facilities su | ly disposed; facilities maintained supplied, properly constructed, clean | | | | |
| In N/A | N/A N/O 16. Shell stock tags, 17. Gulf Oyster regs | | | | | | 41. Plumbing, proper | er backflow prevention | | | | |
| | | | | | | | 39. Thermometers pr | rovided and accurate | | | | |
| In N/A | N/O 12. Returned and reservice of food 13. Food safe and unadulterated | | | | | | 37. Vending Machin 38. Adequate ventila | nes | | | | |
| In (N7) | N/O 10. Proper cooking time and temps N/O 11. Reheating temperature for hot holding | | | | | | | nsils, approved, clean good repair nsils and linens, storage and use | | | | |
| In N/ | A N/O | N/O 9. Proper cooling methods | | | | | 34. Warewashing fac | cilities maintained, test strips | | | | |
| In N/A | | | | | | | | . Self service, 32. Labeled | | | | |
| In | N/O | Hands clean & properly washed, glove use Handwashing facilities available | | | | | 28. Washing fruits a | and vegetables es properly identified, stored and used | | | | |
| In In | N/O | Discharge of eyes, nose, mouth Eating, tasting, drinking, tobacco use | | | | | 26. Approved thawir 27. Food separated a | | | | | |
| (În) | Communicable disease restrictions | | municable disease restrictions | | | | 25. Personal cleanlin | ness and hair restraints | | | | |
| (II) | Critical Risk Factors for Disease 1. Demonstration of knowledge | | Maj | Out | COS | | 24. Person in charge present and performs duties | | | COS | | |
| | = In complia | | /A = Not Applicable $N/O = Not Obse$ | | | Major vi | | | = Correcte | d On Sit | e | |
| Service: Applicable | | | ection Reinspection Com AIL FOOD CODE ("CalCode), Beginning wit | | | | | Other: See reverse side of sheet for sum | ımarv) | | | |
| N/A Service: ☑ Routine Inspection ☐ Reinspection ☐ Complaint ☐ | | | | | | (Certificate expires five years after | | | | er it is issued) | | |
| Certified | er: | ANGER | | | | | Certificate Expiration Date | Date: | | | | |
| Owner/Permitee: | | | | | Phone No.: | | | Inspection Time: | Permit Exp. Date: | | | |
| 235 W. WODD ST., WILLOWS, CA | | | | | | | | (Reinspections are subject to fees) PECTION | | | 2 | |
| Address: | | | | | | | | Reinspection Date (on or after): | | | | |
| Name of Facility/ DBA: | | | | | | | | Inspection Date: | | | | |
| | | | THORE | (330) 33 | 7-0102 | IAA (| 30) 934-0103 | S4 | 2002 | | | |