

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>HEALTH HABIT</u>		Inspection Date: <u>3/5/19</u>	
Address: <u>231 W. SYCAMORE AVE, WILLOWS, CA</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>WILLIE BEAVERS</u>	Phone No.:	Inspection Time: <u>4:00</u>	Permit Exp. Date:
Certified Food Handler: <u>- SIGNED UP FOR CLASS 2ND WK. OF MARCH</u>		Certificate Expiration Date: <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				Out	COS		
In	1. Demonstration of knowledge										
In	2. Communicable disease restrictions										
In	N/O 3. Discharge of eyes, nose, mouth										
In	N/O 4. Eating, tasting, drinking, tobacco use										
In	N/O 5. Hands clean & properly washed, glove use										
In	6. Handwashing facilities available										
In	N/A N/O 7. Proper hot and cold food holding temps										
In	N/A 8. Time as a public health control, records										
In	N/A N/O 9. Proper cooling methods										
In	N/A N/O 10. Proper cooking time and temps										
In	N/A N/O 11. Reheating temperature for hot holding										
In	N/A N/O 12. Returned and reservice of food										
In	13. Food safe and unadulterated										
In	N/A N/O 14. Food contact surfaces clean and sanitized										
In	15. Food from approved source						X				
In	N/A N/O 16. Shell stock tags, 17. Gulf Oyster regs										
In	N/A N/O 18. Compliance with HACCP plan										
In	N/A N/O 19. Advisory for raw/undercooked food										
In	N/A 20. Health care/ School prohibited food										
In	21. Hot & cold water. Temp: <u>115</u> °F						X				
In	22. Wastewater properly disposed										
In	23. No rodents, insects, birds, animals										
	24. Person in charge present and performs duties										
	25. Personal cleanliness and hair restraints										
	26. Approved thawing methods used										
	27. Food separated and protected										
	28. Washing fruits and vegetables										
	29. Toxic substances properly identified, stored and used										
	30. Food storage, 31. Self service, 32. Labeled										
	33. Nonfood contact surfaces clean										
	34. Warewashing facilities maintained, test strips										
	35. Equipment, utensils, approved, clean good repair										
	36. Equipment, utensils and linens, storage and use										
	37. Vending Machines										
	38. Adequate ventilation and lighting										
	39. Thermometers provided and accurate										
	40. Wiping cloths properly used and stored										
	41. Plumbing, proper backflow prevention										
	42. Garbage properly disposed; facilities maintained										
	43. Toilet facilities supplied, properly constructed, clean										
	44. Premises clean, vermin proof; personal items separate										
	45. Floors, walls and ceilings maintained and clean										
	46. No unapproved living or sleeping quarters										
	47. Signs posted; Permit & inspection report available										
	48. Plan Review Required										

No PHF []					
°F	Food	Location	°F	Food	Location
40	RAW MILK	3-DOOR COOLER DEPOT			

Comments: VIOLATIONS:

⑮ REMOVE ALL "CBD" OIL PRODUCTS FROM SALE. "CBD" HAS NOT BEEN CLASSIFIED AS G.R.A.S. (GENERALLY RECOGNIZED AS SAFE) BY THE F.D.A.

⑳ MAINTAIN HOT WATER OF AT LEAST 120°F AT ALL TIMES AT THE UTENSIL SINK. H₂O MEASURED @ 115°F. THIS A REPEAT VIOLATION & MUST BE CORRECTED TO AVOID FEES.

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