FOOD FACILITY INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

| S | | | | | | | vs, CA 95988 530) 934-6103 | 1 | Page 1 of | | | | | | | | | | | | | |
|-----------------|--|---------------|---|------------------------|------------|----------------------|--|---|--------------------|----------|----------|--|--|--|--|--|--|--|--|--|--|--|
| Name | e of Facility/ D | BA: | | | | | | Inspection Date: | | | | | | | | | | | | | | |
| Addre | ess: | DONA | | | | | | Reinspection Date (on or | after): | | | | | | | | | | | | | |
| | 23/0 | N. 1 | LUZZI DE AVE | 11 | 1,1 | ans | CA | (Reinspections are subject to fees) | arter). | | | | | | | | | | | | | |
| Owner/Permitee: | | | | | Phone No.: | | 100 | Inspection Time: | Permit Exp. Date: | | | | | | | | | | | | | |
| | AR | × t | SURRINGTON | | 93 | 4-5 | 5618 | 4:00 | | | | | | | | | | | | | | |
| Certif | ried Food Hand | | \ /. | | | | | Certificale Expiration Dat | | | | | | | | | | | | | | |
| Servic | | utine Insp | ection Reinspection Con | nlaint | ПС | anatruatio | on/Pre-opening | (Certificate expires five years | s after it is issi | ued) | | | | | | | | | | | | |
| | | | TAIL FOOD CODE ("CalCode), Beginning wi | | | | 1 0 | | nmary) | | | | | | | | | | | | | |
| | In = In compl | | J/A = Not Applicable N/O = Not Obs | | | Major vio | | | | 1 O- Cit | | | | | | | | | | | | |
| | III — III COMPI | | Critical Risk Factors for Disease | Maj | Out | COS | Diation Out – Item | s not in compliance COS | = Corrected | Out | COS | | | | | | | | | | | |
| | | | nonstration of knowledge nmunicable disease restrictions | | | | | e present and performs duties | S | | | | | | | | | | | | | |
| In | ALO | | charge of eyes, nose, mouth | | | 1 | | eanliness and hair restraints hawing methods used | | | | | | | | | | | | | | |
| In | N/O | | ng, tasting, drinking, tobacco use | | | | 27. Food separated | and protected | | | | | | | | | | | | | | |
| In | N/O | | ds clean & properly washed, glove use dwashing facilities available | | | - | 28. Washing fruits a | and vegetables is properly identified, stored | and usad | | | | | | | | | | | | | |
| | N/A N/O | | per hot and cold food holding temps | | | 1 | | 1. Self service, 32. Labeled | and used | | | | | | | | | | | | | |
| In | NA | | e as a public health control, records | HE SE | | | 33. Nonfood contac | t surfaces clean | | | | | | | | | | | | | | |
| In In | N/A N/O | | per cooking time and temps | | | - | | cilities maintained, test strip | - 4 | | | | | | | | | | | | | |
| | N/A N/O | | leating temperature for hot holding | | | 1 | | sils, approved, clean good re sils and linens, storage and u | X | | | | | | | | | | | | | |
| In 7 | N/A N/O | 12. Ret | urned and reservice of food | | | | 37. Vending Machin | nines | | | | | | | | | | | | | | |
| In | 13. Food safe and unadulterated N/O 14. Food contact surfaces clean and sanitized | | | | | 38. Adequate ventila | | | | | | | | | | | | | | | | |
| (h) | N/O 14. Food contact surfaces clean and sanitized 15. Food from approved source | | | | | | | provided and accurate properly used and stored | | | | | | | | | | | | | | |
| In , | N/A N/O | 16. She | ll stock tags, 17. Gulf Oyster regs | | | | 41. Plumbing, prope | er backflow prevention | | | | | | | | | | | | | | |
| | N/A N/O | | npliance with HACCP plan | | | | | e properly disposed; facilities maintained | | | | | | | | | | | | | | |
| | N/O 19. Advisory for raw/undercooked food N/A 20. Health care/ School prohibited food | | | | | | bilet facilities supplied, properly constructed, clean emises clean, vermin proof; personal items separate | | | | | | | | | | | | | | | |
| Ti | | 21. Hot | & cold water. Temp: 20°F | | | | | I ceilings maintained and cle | | × | | | | | | | | | | | | |
| | | | stewater properly disposed | | | | | iving or sleeping quarters | | | | | | | | | | | | | | |
| III | | 23. NO | rodents, insects, birds, animals | × | × | | 47. Signs posted; Pet 48. Plan Review Red | rmit & inspection report avai | ilable | | | | | | | | | | | | | |
| | | | | | | | | 1 | | | | | | | | | | | | | | |
| | | | | T COMPLAINT INSPECTION | | | | | | | | | | | | | | | | | | |
| °F | Food | Food Location | | -000 | °F | Food Location | | tion | | | | | | | | | | | | | | |
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| Com | ments: | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | 1 | -104 | ME! COL | 10. A. CE F | - · · · · · | | | | | | | | | | | | | |
| * 1 | 150=15 | 1 2 | IN RECONNER | 79 | | NU | PHE COP | | VULP. | | | | | | | | | | | | | |
| * | 15PECT | 101 | IN RESPONSE | TO | Co | | | 110.3 | | | THAT: | | | | | | | | | | | |
| | | 101 | IN RESPONSE | 70 | | | | (Territoria . | | | | | | | | | | | | | | |
| THA | | | | | | -200 | | | | | | | | | | | | | | | | |
| Tu 1 | Foot | , ta | CILITY HAS AN | INF | EST | An | en of f | OUSE FUE | <u>.</u> S. | | | | | | | | | | | | | |
| Tu 1 | Foot | , ta | CILITY HAS AN | INF | EST | An | en of f | OUSE FUE | <u>.</u> S. | | | | | | | | | | | | | |
| THA 23 | FODD | PES | T CONTROL & D | INF | EST | An | en of f | OUSE FUE | <u>.</u> S. | | | | | | | | | | | | | |
| THA 23 | FODD | PES | CILITY HAS AN | INF | EST | An | en of f | OUSE FUE | <u>.</u> S. | | | | | | | | | | | | | |
| Tura 23 | FOOT | PES | PERIODS OF TI | ME | Vot | An | ON OF F | OR OPEN F | S. | | | | | | | | | | | | | |
| 13 Con 2 x | FOOD TALT TENDE | PES AINTI | PERIODS OF THE | INFI ME F | VOT | ATTI | ON OF F | OR OPEN F | S. | | | | | | | | | | | | | |
| 13 Con 2 x | FOOD TALT TENDE | PES AINTI | PERIODS OF TI | INFI ME F | VOT | ATTI | ON OF F | OR OPEN F | S. | | → | | | | | | | | | | | |

FOOD FACILITY INSPECTION REPORT

Continuation Sheet

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

257 North Villa Avenue, Willows, CA 95988 Phone (530) 934-6102 FAX (530) 934-6103 Page 2 of 2

| Name of Facility/ DBA: | Inspection Date: |
|---|--|
| Address: | |
| Owner/Permitee: | |
| Applicable Law CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code | A. Charles and P. C. |
| Comments: LONGINUED FROM PAGE 1 | |
| | |
| 35 AB CLEAN & SANITARY MANNER. 1 ME | IST FLOOKS, WALLS |
| AND MUCH OF THE EQUIPMENT WAS GO | VERED WITH OLD |
| FOOD OR FOOD GRIME. | |
| 35) CUEAN & SANITIZE THE COFFEE MAC | HINES REGULARLY |
| THESE MACHINES EMANATING BAD ODORS | DUE TO NOT |
| BEING CLEANED & SAN ITIZED PLOPER | |
| , | • |
| NOTE: MCDONALDS WILL BE PUT ON A | RELINSPECTION |
| ScHEDULE (80.00 PER INSPECTION) U | |
| INPROVED INSIDE RESTAURANT | |
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