

**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: <b>HEALTH HABIT</b>		Inspection Date: <b>6/25/18</b>	
Address: <b>231 W. SYCAMORE AVE, WILLOWS, CA</b>		Reinspection Date (on or after): <b>NEXT INSPECTION</b> <small>(Reinspections are subject to fees)</small>	
Owner/Permitee: <b>WILLIE BEAVERS</b>	Phone No.:	Inspection Time: <b>3:00</b>	Permit Exp. Date:
Certified Food Handler: <b>MELISSA BEAVERS</b>		Certificate Expiration Date: <b>10/7/18</b> <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 <b>CALIFORNIA RETAIL FOOD CODE</b> ("CalCode), Beginning with section 113700, California Health and Safety Code (See reverse side of sheet for summary)			

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			
<input checked="" type="checkbox"/> In		1. Demonstration of knowledge				24. Person in charge present and performs duties		
<input checked="" type="checkbox"/> In		2. Communicable disease restrictions				25. Personal cleanliness and hair restraints		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/O	3. Discharge of eyes, nose, mouth				26. Approved thawing methods used		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/O	4. Eating, tasting, drinking, tobacco use				27. Food separated and protected		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/O	5. Hands clean & properly washed, glove use				28. Washing fruits and vegetables		
<input checked="" type="checkbox"/> In		6. Handwashing facilities available				29. Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	7. Proper hot and cold food holding temps				30. Food storage, 31. Self service, <b>32. Labeled</b>	<input checked="" type="checkbox"/> X	
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	8. Time as a public health control, records				33. Nonfood contact surfaces clean		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	9. Proper cooling methods				34. Warewashing facilities maintained, test strips		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair	<input checked="" type="checkbox"/> X	
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	11. Reheating temperature for hot holding				36. Equipment, utensils and linens, storage and use		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	12. Returned and reservice of food				37. Vending Machines		
<input checked="" type="checkbox"/> In		13. Food safe and unadulterated				38. Adequate ventilation and lighting		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	14. Food contact surfaces clean and sanitized				39. Thermometers provided and accurate		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	15. Food from approved source				40. Wiping cloths properly used and stored		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	18. Compliance with HACCP plan				42. Garbage properly disposed; facilities maintained		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	19. Advisory for raw/undercooked food				43. Toilet facilities supplied, properly constructed, clean		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	20. Health care/ School prohibited food				44. Premises clean, vermin proof; personal items separate		
<input checked="" type="checkbox"/> In		21. Hot & cold water. Temp: <b>113</b> °F		<input checked="" type="checkbox"/> X		45. Floors, walls and ceilings maintained and clean		
<input checked="" type="checkbox"/> In		22. Wastewater properly disposed				46. No unapproved living or sleeping quarters		
<input checked="" type="checkbox"/> In		23. No rodents, insects, birds, animals				47. Signs posted; Permit & inspection report available		
						48. Plan Review Required		<input checked="" type="checkbox"/> COS

No PHF [ ]					
°F	Food	Location	°F	Food	Location
38	RAW MILK	2-DOOR TRUE FRIDGE			
37	EGGS (HARD BOILED)	2-DOOR TRUE FRIDGE			

Comments:  
**-NO CRITICAL VIOLATIONS**

OTHER VIOLATIONS

**21** MAINTAIN HOT WATER OF AT LEAST 120 °F AT ALL TIMES AT THE UTENSIL SINK. H<sub>2</sub>O MEASURED 113 °F. REPEAT VIOLATION

**32** ALL RE-PACKAGED BULK FOOD FOR SALE MUST HAVE WEIGHT AND/OR QUANTITY ON LABEL.

**35** USE ONLY SCOOPS W/ HANDLES FOR DRIED BULK FOODS. NO PLASTIC CUPS. NO PLASTIC

Received By: **W Beavers**                      REHS: **ANDREW PERO**