

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: Santos Muñoz		Inspection Date: 7/12/18
Address: 7163 Highway 32, Orland, CA 95963		Reinspection Date (on or after): - <small>(Reinspections are subject to fees)</small>
Owner/Permittee: Santos Muñoz	Phone No.:	Inspection Time: 10:35am
Certified Food Handler: - None Required (Farm Stand, Whole Produce)		Permit Exp. Date:
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 CALIFORNIA RETAIL FOOD CODE ("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									
In			1.	Demonstration of knowledge								24.	Person in charge present and performs duties				Out	COS		
In			2.	Communicable disease restrictions								25.	Personal cleanliness and hair restraints							
In	N/O		3.	Discharge of eyes, nose, mouth								26.	Approved thawing methods used							
In	N/O		4.	Eating, tasting, drinking, tobacco use								27.	Food separated and protected							
In	N/O		5.	Hands clean & properly washed, glove use								28.	Washing fruits and vegetables							
In			6.	Handwashing facilities available								29.	Toxic substances properly identified, stored and used							
In	N/A	N/O	7.	Proper hot and cold food holding temps								30.	Food storage, 31. Self service, 32. Labeled				X			
In	N/A		8.	Time as a public health control, records								33.	Nonfood contact surfaces clean							
In	N/A	N/O	9.	Proper cooling methods								34.	Warewashing facilities maintained, test strips							
In	N/A	N/O	10.	Proper cooking time and temps								35.	Equipment, utensils, approved, clean good repair							
In	N/A	N/O	11.	Reheating temperature for hot holding								36.	Equipment, utensils and linens, storage and use							
In	N/A	N/O	12.	Returned and reservice of food								37.	Vending Machines							
In			13.	Food safe and unadulterated								38.	Adequate ventilation and lighting							
In	N/A	N/O	14.	Food contact surfaces clean and sanitized								39.	Thermometers provided and accurate							
In			15.	Food from approved source								40.	Wiping cloths properly used and stored							
In	N/A	N/O	16.	Shell stock tags, 17. Gulf Oyster regs								41.	Plumbing, proper backflow prevention							
In	N/A	N/O	18.	Compliance with HACCP plan								42.	Garbage properly disposed; facilities maintained							
In	N/A	N/O	19.	Advisory for raw/undercooked food								43.	Toilet facilities supplied, properly constructed, clean							
In	N/A		20.	Health care/ School prohibited food								44.	Premises clean, vermin proof; personal items separate							
In			21.	Hot & cold water. Temp: °F								45.	Floors, walls and ceilings maintained and clean							
In			22.	Wastewater properly disposed								46.	No unapproved living or sleeping quarters							
In			23.	No rodents, insects, birds, animals								47.	Signs posted; Permit & inspection report available							
												48.	Plan Review Required							

No PHF <input checked="" type="checkbox"/>					
°F	Food	Location	°F	Food	Location

Comments:

32) Label honey with:

- Name of Business
- City & State
- Name of food ("Honey")
- Net weight & contents

Received By: Martina Muñoz REHS: John H. Wells