

**FOOD FACILITY INSPECTION REPORT**  
**GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT**

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

Name of Facility/ DBA: <u>Gravel Discount Liquors</u>		Inspection Date: <u>10/7/14</u>	
Address: <u>150 E. Walker St, Orland, CA 95963</u>		Reinspection Date (on or after): <u>Next inspection</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>Belgit Gravel</u>	Phone No.: <u>855-4373</u>	Inspection Time: <u>3:45 pm</u>	Permit Exp. Date:
Certified Food Handler: <u>- Prepackaged Food -</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</u> (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		Out	COS
In								24. Person in charge present and performs duties			
In								25. Personal cleanliness and hair restraints			
In	N/O							26. Approved thawing methods used			
In	N/O							27. Food separated and protected			
In	N/O							28. Washing fruits and vegetables			
In								29. Toxic substances properly identified, stored and used			
In	N/A	N/O						30. Food storage, 31. Self service, 32. Labeled			
In	N/A							33. Nonfood contact surfaces clean			
In	N/A	N/O						34. Warewashing facilities maintained, test strips			
In	N/A	N/O						35. Equipment, utensils, approved, clean good repair			
In	N/A	N/O						36. Equipment, utensils and linens, storage and use			
In	N/A	N/O						37. Vending Machines			
In								38. Adequate ventilation and lighting			
In	N/A	N/O						39. Thermometers provided and accurate			
In	N/A	N/O						40. Wiping cloths properly used and stored			
In	N/A	N/O						41. Plumbing, proper backflow prevention			
In	N/A	N/O						42. Garbage properly disposed; facilities maintained			
In	N/A	N/O						43. Toilet facilities supplied, properly constructed, clean		X	
In	N/A							44. Premises clean, vermin proof; personal items separate			
In								45. Floors, walls and ceilings maintained and clean			
In								46. No unapproved living or sleeping quarters			
In								47. Signs posted; Permit & inspection report available			
In								48. Plan Review Required			

No PHF [ ]					
°F	Food	Location	°F	Food	Location
<u>40</u>	<u>Burritos</u>	<u>Walk in</u>			

Comments:

23) Clean rat & mouse droppings from all areas in back storage room & hallways. Eliminate rodents as needed. Observed sporadic dry droppings on floors/shelves, but no evidence of an active infestation.

43) Install self-closing device on restroom door.

Received By: [Signature] REHS: John H. Wells