

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>Andy's Butcher Block</u>		Inspection Date: <u>3/23/16</u>	
Address: <u>65 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>Carlos & Sandra Galvan</u>	Phone No.: <u>865-2211</u>	Inspection Time: <u>11:40 am</u>	Permit Exp. Date:
Certified Food Handler: <u>Sandra Galvan</u>		Certificate Expiration Date: <u>10/17/15</u> <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
<input checked="" type="checkbox"/> In		1. Demonstration of knowledge			
<input checked="" type="checkbox"/> In		2. Communicable disease restrictions			
<input checked="" type="checkbox"/> In	N/O	3. Discharge of eyes, nose, mouth			
<input checked="" type="checkbox"/> In	N/O	4. Eating, tasting, drinking, tobacco use			
<input checked="" type="checkbox"/> In	N/O	5. Hands clean & properly washed, glove use			
<input checked="" type="checkbox"/> In		6. Handwashing facilities available			
<input checked="" type="checkbox"/> In	N/A	N/O 7. Proper hot and cold food holding temps			
<input checked="" type="checkbox"/> In	N/A	8. Time as a public health control, records			
<input checked="" type="checkbox"/> In	N/A	N/O 9. Proper cooling methods			
<input checked="" type="checkbox"/> In	N/A	N/O 10. Proper cooking time and temps			
<input checked="" type="checkbox"/> In	N/A	N/O 11. Reheating temperature for hot holding			
<input checked="" type="checkbox"/> In	N/A	N/O 12. Returned and reservice of food			
<input checked="" type="checkbox"/> In		13. Food safe and unadulterated			
<input checked="" type="checkbox"/> In	N/A	N/O 14. Food contact surfaces clean and sanitized			
<input checked="" type="checkbox"/> In		15. Food from approved source			
<input checked="" type="checkbox"/> In	N/A	N/O 16. Shell stock tags, 17. Gulf Oyster regs			
<input checked="" type="checkbox"/> In	N/A	N/O 18. Compliance with HACCP plan			
<input checked="" type="checkbox"/> In	N/A	N/O 19. Advisory for raw/undercooked food			
<input checked="" type="checkbox"/> In	N/A	20. Health care/ School prohibited food			
<input checked="" type="checkbox"/> In		21. Hot & cold water. Temp: <u>126</u> °F			
<input checked="" type="checkbox"/> In		22. Wastewater properly disposed			
<input checked="" type="checkbox"/> 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	X
				33. Nonfood contact surfaces clean	
				34. Warewashing facilities maintained, test strips	
				35. Equipment, utensils, approved, clean good repair	X
				36. Equipment, utensils and linens, storage and use	X
				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	Head Cheese	Small Meat Display cooler	41	Beef	Left Back Walk-in cooler
40	Cut Tomato	Top of Prep Cooler	135	BBQ Beef	Slow cooker
40	Pork chop	Large Meat Display cooler	42	Lamb carcass	Front Walk-in cooler
40	Beef	" "			

Comments: Correct the following:

32) Properly label self-packaged food, in master ~~food~~ ^{sales} containers, with:

- Name of facility
- Address of facility
- Common Name of Food
- Net Weight of contents
- List of ingredients from most to least.

35) Remove ice from walk-in freezer condensers; repair as needed.

Received By: <u>Sandra Galvan</u>	REHS: <u>John H. Wells</u>
-----------------------------------	----------------------------