

# 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: <b>STONY GORGE MARKET</b>		Inspection Date: <b>4/10/14</b>	
Address: <b>2758 C/R 300, ELK CREEK, CA</b>		Reinspection Date (on or after): <b>NEXT INSPECTION</b> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <b>GAUROV KUMAR SHARMA</b>	Phone No.:	Inspection Time: <b>9:38</b>	Permit Exp. Date:
Certified Food Handler: <b>AMIT SHARMA</b>		Certificate Expiration Date: <b>7/25/16</b> <small>(Certificate expires five years after it is issued)</small>	
Service: <input type="checkbox"/> Routine Inspection <input checked="" type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> Construction/Pre-opening <input type="checkbox"/> Other:			
Applicable Law <i>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code (See reverse side of sheet for summary)</i>			

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	
In	N/A	N/O								44. Premises clean, vermin proof, personal items separate	
In										45. Floors, walls and ceilings maintained and clean	X
In										46. No unapproved living or sleeping quarters	
In										47. Signs posted; Permit & inspection report available	
In										48. Plan Review Required	

No PHF [ ] <b>X NO P.H.F'S TAKEN AT RE-INSPECTION</b>					
°F	Food	Location	°F	Food	Location

Comments:

CORRECT THE FOLLOWING TO ABATE PLAN CHECK VIOLATION(S):

**(45) SEAL UP, PAINT &/OR REPAIR THE CEILING IN THE 3-COMPARTMENT SINK ROOM.**

**\*\* RECONCILE ALL RE-INSPECTION FEES W/ GLENN COUNTY E.H.**

Received By: REHS: **ANDREW PETYO**