

**F D 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>SEVENTH-DAY ADVENTIST COMM. SERVICES</b>		Inspection Date: <b>4/8/15</b>	
Address: <b>545 FIRST AVE, WILLOWS, CA</b>		Reinspection Date (on or after): <b>NEXT INSPECTION</b> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <b>SEVENTH DAY ADVENTIST CHURCH</b>	Phone No.: <b>934-3212</b>	Inspection Time: <b>11:00</b>	Permit Exp. Date:
Certified Food Handler: <b>PRE-PACKAGED ONLY</b>		Certificate Expiration Date: <small>(Certificate expires five years after it is issued)</small>	
Service: <input type="checkbox"/> Routine Inspection <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Construction/Pre-opening <input type="checkbox"/> Other:			
Applicable Law <b>CALIFORNIA RETAIL FOOD CODE ("CalCode)</b> , 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	<input checked="" type="checkbox"/> N/A	6. Handwashing facilities available			29. Toxic substances properly identified, stored and used
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/O	7. Proper hot and cold food holding temps			30. Food storage, 31. Self service, 32. Labeled
<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	9. Proper cooling methods			34. Warewashing facilities maintained, test strips
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	10. Proper cooking time and temps			35. Equipment, utensils, approved, clean good repair
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	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	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	14. Food contact surfaces clean and sanitized			39. Thermometers provided and accurate
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	15. Food from approved source			40. Wiping cloths properly used and stored
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	16. Shell stock tags, 17. Gulf Oyster regs			41. Plumbing, proper backflow prevention
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	18. Compliance with HACCP plan			42. Garbage properly disposed; facilities maintained
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	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>120</b> °F			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

No PHF

°F	Food	Location	°F	Food	Location

Comments:

CORRECT THE FOLLOWING:

**43 PROVIDE A PAPER TOWEL DISPENSER IN THE REST ROOM.**

**\*THIS INSPECTION REPORT WILL BE A TEMPORARY OPERATING PERMIT UNTIL A PERMENANT PERMIT CAN BE MAILED.**

Received By: Ashline B. Clendene REHS: Andrew Peryo