

**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>RUMIANO CHEESE COMPANY</b>		Inspection Date: <b>9/2/14</b>	
Address: <b>1629 COUNTY ROAD E, WILLOWS, CA 95988</b>		Reinspection Date (on or after): <b>NEXT INSPECTION</b> <small>(Reinspections are subject to fees)</small>	
Owner/Permitee: <b>JOHN RUMIANO</b>	Phone No.: <b>934-5438</b>	Inspection Time: <b>10:45</b>	Permit Exp. Date:
Certified Food Handler: <b>- PRE-PACKAGED</b>		Certificate Expiration Date: <b>-</b> <small>(Certificate expires five years after it is issued)</small>	
Service: <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Reinspection <input checked="" type="checkbox"/> Complaint <input 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			Maj	Out	COS	Out	COS
<b>In</b>	<b>Critical Risk Factors for Disease</b>						
<b>In</b>		1. Demonstration of knowledge				24. Person in charge present and performs duties	
<b>In</b>		2. Communicable disease restrictions				25. Personal cleanliness and hair restraints	
<b>In</b>	<b>N/O</b>	3. Discharge of eyes, nose, mouth				26. Approved thawing methods used	
<b>In</b>	<b>N/O</b>	4. Eating, tasting, drinking, tobacco use				27. Food separated and protected	
<b>In</b>	<b>N/O</b>	5. Hands clean & properly washed, glove use				28. Washing fruits and vegetables	
<b>In</b>		6. Handwashing facilities available				29. Toxic substances properly identified, stored and used	
<b>In</b>	<b>N/A</b>	<b>N/O</b> 7. Proper hot and cold food holding temps				30. Food storage, 31. Self service, 32. Labeled	
<b>In</b>	<b>N/A</b>	8. Time as a public health control, records				33. Nonfood contact surfaces clean	
<b>In</b>	<b>N/A</b>	<b>N/O</b> 9. Proper cooling methods				34. Warewashing facilities maintained, test strips	
<b>In</b>	<b>N/A</b>	<b>N/O</b> 10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair	
<b>In</b>	<b>N/A</b>	<b>N/O</b> 11. Reheating temperature for hot holding				36. Equipment, utensils and linens, storage and use	
<b>In</b>	<b>N/A</b>	<b>N/O</b> 12. Returned and reservice of food				37. Vending Machines	
<b>In</b>		13. Food safe and unadulterated				38. Adequate ventilation and lighting	
<b>In</b>	<b>N/A</b>	<b>N/O</b> 14. Food contact surfaces clean and sanitized				39. Thermometers provided and accurate	
<b>In</b>		15. Food from approved source				40. Wiping cloths properly used and stored	
<b>In</b>	<b>N/A</b>	<b>N/O</b> 16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention	
<b>In</b>	<b>N/A</b>	<b>N/O</b> 18. Compliance with HACCP plan				42. Garbage properly disposed; facilities maintained	
<b>In</b>	<b>N/A</b>	<b>N/O</b> 19. Advisory for raw/undercooked food				43. Toilet facilities supplied, properly constructed, clean	
<b>In</b>	<b>N/A</b>	<b>N/O</b> 20. Health care/ School prohibited food				44. Premises clean, vermin proof; personal items separate	
<b>In</b>		21. Hot & cold water. Temp: <b>120<sup>+</sup>°F</b>				45. Floors, walls and ceilings maintained and clean	
<b>In</b>		22. Wastewater properly disposed				46. No unapproved living or sleeping quarters	
<b>In</b>		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
<b>39</b>	<b>FETA</b>	<b>2-DOOR BEV-AIR FRIEZE</b>			

Comments:  
**-NO VIOLATIONS OBSERVED AT THE TIME OF INSPECTION**  
**\*\* UNABLE TO CONFIRM COMPLAINT. FACILITY REMAINS CLEAN & WELL MAINTAINED.**

Received By: **Dyanne Lombard** REHS: **ANDREW PERYS**