

COTTAGE FOOD OPERATION - OFFICIAL INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH

225 N. Tehama Street, Willows, CA 95988
Phone (530) 934-6102 • Fax (530) 934-6103

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| | | | |
|---|--|--|----------------------|
| Name of Cottage Food Operation/DBA: <u>Fin Cup Market (OFF DUTY COFFEE)</u> | | Inspection Date: <u>11/9/23</u> | |
| Address: <u>7948 County RD 36</u> | | Re-inspection Date (on or after): <small>(Re-inspections are subject to fees)</small> | |
| Owner/Permitee: <u>Steven Grosbrecht</u> | Phone Number: <u>330-9043</u> | Inspection Time In: <u>9:00 AM</u> | Inspection Time Out: |
| Operation Type: <input type="checkbox"/> Class A - Direct Sales Only <input checked="" type="checkbox"/> Class B - Direct or Indirect Sales | Service: <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Re inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Initial/Pre-Opening | Permit/Registration # | Expiration Date: |

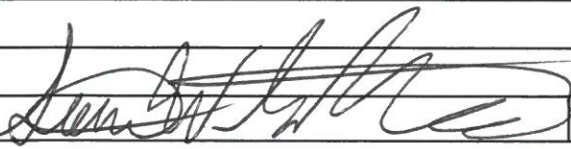
| Demonstration of Knowledge | Out | Facility Requirements | Out |
|---|-------------------------------------|--|-------------------------------------|
| 1. Self-certification checklist submitted (class A) | <input type="checkbox"/> In N/A N/O | 15. Adequate storage for food and related equipment | <input type="checkbox"/> In N/A N/O |
| 2. Food processor course completed | <input type="checkbox"/> In N/A N/O | 16. Food preparation occurs in kitchen of CFO | <input type="checkbox"/> In N/A N/O |
| Employee Health and Hygiene Practices | Out | 17. CFO located in private dwelling/operator residence | <input type="checkbox"/> In N/A N/O |
| 3. No ill employees or workers | <input type="checkbox"/> In N/A N/O | Labeling | Out |
| 4. No smoking in CFO | <input type="checkbox"/> In N/A N/O | 18. "Made in Home Kitchen" on package | <input type="checkbox"/> In N/A N/O |
| 5. Employees shall not contaminate food | <input type="checkbox"/> In N/A N/O | 19. Common name of product on package | <input type="checkbox"/> In N/A N/O |
| Prevent Contamination by Hands | Out | 20. Name of CFO on package | <input type="checkbox"/> In N/A N/O |
| 6. Hand washing station stocked and available | <input type="checkbox"/> In N/A N/O | 21. Ingredients list on package | <input type="checkbox"/> In N/A N/O |
| 7. Hands washed prior to food preparation | <input type="checkbox"/> In N/A N/O | 22. Registration or permit number of package | <input type="checkbox"/> In N/A N/O |
| 8. Proper glove use | <input type="checkbox"/> In N/A N/O | Vermin | Out |
| Approved Food Items | Out | 23. No rodents, insects, or animals in CFO | <input type="checkbox"/> In N/A N/O |
| 9. Food prepared from approved food list only water | <input type="checkbox"/> In N/A N/O | Compliance and Enforcement | Out |
| 10. Potable Water Source | <input type="checkbox"/> In N/A N/O | 24. CFO operating with valid permit/registration | <input type="checkbox"/> In N/A N/O |
| Protection from Contamination | Out | 25. Approved direct sales to customers | <input type="checkbox"/> In N/A N/O |
| 11. Food free from contamination and adulteration | <input type="checkbox"/> In N/A N/O | 26. Approved indirect sales to customers | <input type="checkbox"/> In N/A N/O |
| 12. Kitchen equipment and utensils clean and in good repair | <input type="checkbox"/> In N/A N/O | 27. Approved number of employees | <input type="checkbox"/> In N/A N/O |
| 13. Food contact surfaces cleaned and sanitized | <input type="checkbox"/> In N/A N/O | 28. Meets gross sales requirements | <input type="checkbox"/> In N/A N/O |
| 14. No infants, small children, or pets in kitchen during CFO hours | <input type="checkbox"/> In N/A N/O | Other | Out |
| | | 29. | <input type="checkbox"/> In N/A N/O |

Out = Out of Compliance In = In Compliance N/A = Not Applicable N/O = Not Observed

Comments:

NO SIGNIFICANT VIOLATION

Received By:



REHS:

Jay Bhutela