

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: ARTOIS MARKET | | Inspection Date: 10/3/19 | |
| Address: 345 FRONT ST., ARTOIS, CA | | Reinspection Date (on or after): NEXT INSPECTION <small>(Reinspections are subject to fees)</small> | |
| Owner/Permittee: VICTORIA MASTERS | Phone No.: | Inspection Time: 4:00 | Permit Exp. Date: |
| Certified Food Handler: VICTORIA MASTERS | | Certificate Expiration Date: 5/3/23 <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 CALIFORNIA RETAIL FOOD CODE ("CalCode"), 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 | Out | COS |
|---|-----|---|-----|--|-----|-----|---|-----|-----|
| In | | 1. Demonstration of knowledge | | | | | 24. Person in charge present and performs duties | | |
| In | | 2. Communicable disease restrictions | | | | | 25. Personal cleanliness and hair restraints | | |
| In | N/O | 3. Discharge of eyes, nose, mouth | | | | | 26. Approved thawing methods used | | |
| In | N/O | 4. Eating, tasting, drinking, tobacco use | | | | | 27. Food separated and protected | | |
| In | N/O | 5. Hands clean & properly washed, glove use | | | | | 28. Washing fruits and vegetables | | |
| In | | 6. Handwashing facilities available | | | | | 29. Toxic substances properly identified, stored and used | | |
| In | N/A | 7. Proper hot and cold food holding temps | N/O | | | | 30. Food storage, 31. Self service, 32. Labeled | | |
| In | N/A | 8. Time as a public health control, records | | | | | 33. Nonfood contact surfaces clean | | |
| In | N/A | 9. Proper cooling methods | N/O | | | | 34. Warewashing facilities maintained, test strips | | |
| In | N/A | 10. Proper cooking time and temps | N/O | | | | 35. Equipment, utensils, approved, clean good repair | X | |
| In | N/A | 11. Reheating temperature for hot holding | N/O | | | | 36. Equipment, utensils and linens, storage and use | | |
| In | N/A | 12. Returned and reserve of food | N/O | | | | 37. Vending Machines | | |
| In | | 13. Food safe and unadulterated | | | | | 38. Adequate ventilation and lighting | | |
| In | N/A | 14. Food contact surfaces clean and sanitized | N/O | | | | 39. Thermometers provided and accurate | | |
| In | | 15. Food from approved source | | | | | 40. Wiping cloths properly used and stored | | |
| In | N/A | 16. Shell stock tags, 17. Gulf Oyster regs | N/O | | | | 41. Plumbing, proper backflow prevention | X | |
| In | N/A | 18. Compliance with HACCP plan | N/O | | | | 42. Garbage properly disposed; facilities maintained | | |
| In | N/A | 19. Advisory for raw/undercooked food | N/O | | | | 43. Toilet facilities supplied, properly constructed, clean | | |
| In | N/A | 20. Health care/ School prohibited food | N/O | | | | 44. Premises clean, vermin proof; personal items separate | | |
| In | | 21. Hot & cold water. Temp: 105 °F | | | X | | 45. Floors, walls and ceilings maintained and clean | | |
| In | | 22. Wastewater properly disposed | | | | | 46. No unapproved living or sleeping quarters | | |
| 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 |
| 40 | RAW SHELL EGGS | SINGLE TRUE FRIDGE | | | |
| 39 | MILK | REACH-IN FRIDGE | | | |
| 41 | ROAST BEEF | TRUE PREP COOLER | | | |

Comments:
-NO CRITICAL VIOLATIONS
*** OTHER VIOLATIONS ***
(21) HOT WATER OF AT LEAST 120°F SHALL BE SUPPLIED AT THE 3-COMPARTMENT SINK AND 100°F AT THE HAND WASH SINK. REPAIR OR FIX HOT WATER SYSTEM ⇒ H₂O MEASURED ONLY 105°F
(35) ALL NON-COMMERCIAL DOMESTIC APPLIANCES SHALL BE REPLACED WITH COMMERCIAL GRADE, N.S.F. APPROVED MODELS WHEN THEY FALL INTO

Received By: **Vicki Masters** REHS: **Andrew Peryo**

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Continuation Sheet

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|---|------------------------------------|
| Name of Facility/DBA: <u>Ardis Market</u> | Inspection Date: <u>10/3/17</u> |
| Address: <u>PAGE 2</u> | |
| Owner/Permitee: <u>PAGE 2</u> | |
| Applicable Law CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code | |

Comments:

OTHER VIOLATIONS

(35) DIS-REPAIR OR NO LONGER HOLD TEMPERATURE.
(MODELS: BLACK RIVAL MICROWAVE, WHITE WHIRLPOOL FREEZER, WHITE FRIGIDAIRE)

(41) REPAIR THE PLUMBING LEAK BELOW THE 3-COMP.
SINK IN THE BACK.

| | |
|---------------------------------|-----------------------|
| Received By: <u>Mich Mastie</u> | REHS: <u>Andrew P</u> |
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