

# 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: <b>Honey's At The Hive</b>		Inspection Date: <b>2/14/23</b>	
Address: <b>730 6TH STREET, ORLAND, CA 95163</b>		Reinspection Date (on or after): <b>NEXT INSPECTION</b> <small>(Reinspections are subject to fees)</small>	
Owner/Permitee: <b>TERRE BARR</b>	Phone No.:	Inspection Time: <b>3:00</b>	Permit Exp. Date:
Certified Food Handler: <b>U.G.R.</b> <b>- NOT AT FACILITY LOCATION</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 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			
In					1. Demonstration of knowledge				24. Person in charge present and performs duties	Out	COS
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	N/O			7. Proper hot and cold food holding temps				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	N/O			9. Proper cooling methods				34. Warewashing facilities maintained, test strips		
In	N/A	N/O			10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair		
In	N/A	N/O			11. Reheating temperature for hot holding				36. Equipment, utensils and linens, storage and use	X	
In	N/A	N/O			12. Returned and reservice of food				37. Vending Machines		
In					13. Food safe and unadulterated				38. Adequate ventilation and lighting		
In	N/A	N/O			14. Food contact surfaces clean and sanitized				39. Thermometers provided and accurate		
In					15. Food from approved source				40. Wiping cloths properly used and stored	X	
In	N/A	N/O			16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention		
In	N/A	N/O			18. Compliance with HACCP plan				42. Garbage properly disposed; facilities maintained		
In	N/A	N/O			19. Advisory for raw/undercooked food				43. Toilet facilities supplied, properly constructed, clean		
In	N/A	N/O			20. Health care/ School prohibited food				44. Premises clean, vermin proof; personal items separate		
In					21. Hot & cold water. Temp: <b>120</b> °F				45. Floors, walls and ceilings maintained and clean	X	
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
31	EGGS (RAW STELL)	2 - DOOR TRUE BAKERY	33	CHEESE	REACH-IN CASE
32	TURKEY	ATOP PREP COOLER			
30	MILK	2 - DOOR UNDER COUNTER FRIDGE			
33	MEAT	BELOW COOLER (DELI AREA)			

Comments:  
**\*\*FACILITY IS CLEAN & WELL MAINTAINED.**  
CORRECT THE FOLLOWING:  
**(36) MILK/CREAM PROCESSING REQUIRES A PERMIT FROM CDEA. OBTAIN MILK PROCESSOR PERMIT.**  
**(40) MAINTAIN THE PROPER AMOUNT OF SANITIZER IN ALL WIPING BAG BUCKETS. OBSERVED BAG BUCKET WITHOUT SANITIZER**  
**(45) FINISH BACK STORAGE AREA AND BRING UP TO CODE AS A "FOOD STORAGE AREA"**

Received By:	REHS:
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OFFICIAL INSPECTION REPORT

Continuation Sheet

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Name of Facility / DBA: <u>HONEY'S AT THE HIVE</u>	Inspection Date: <u>2/14/22</u>
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Comments: CORRECT THE FOLLOWING (CONT.)

45 REPAIR THE WALL UNDER THE HAND WASH SINK IN THE DELI AREA.

Received By: <u>[Signature]</u>	REHS: <u>Andrew P [Signature]</u>
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