### FOOD FACILITY INSPECTION REPORT

### GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

225 N. Tehama Street, Willows, CA 95988 Phone (530) 934-6102 FAX (530) 934-6103 Page 1 of

			Pnone (	<u>530) 93</u>	4-6102 F	AX (530) 934-6103							
Name of Facility/ DBA: Inspection Date:													
Capair'S Harrest							4/13/22						
Address. Reinspection Date (on or after):													
70714 Cuffine AND ONLOND CA 95963													
Oumari	Permitee:	1     11	Vive, or land,		hone No.:		(Reinspections are subject to fees)  Inspection Time: Permit Ex	n Data:					
A WHEI/I	remitee.			1,	none no		inspection rine.	p. Date.					
AM	landa	ME	58625				4:35pm						
Certified Food Handler: Certificate Expiration Date:													
Ch	(Certificate expires five years after it is issued												
Service:	Service: Routine Inspection Reinspection Complaint Construction/Pre-opening Other:												
Applicable Law CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code (See reverse side of sheet for summary)													
T-	n = Iп complia	200 N/	A = Not Applicable N/O = Not Obse	nervad.	Mai - M	ajor violation Out = Item	ns not in compliance COS = Corrected	l On Sito					
11	п — пі сопірна		ritical Risk Factors for Disease	Mai		COS COS	is not in compliance COS – Corrected	Out	COS				
In			onstration of knowledge	1	1		ge present and performs duties						
In			municable disease restrictions				iness and hair restraints						
In	N/O		narge of eyes, nose, mouth			26. Approved thaw							
In	N/O		g, tasting, drinking, tobacco use	-	-	27. Food separated							
In In	N/O		s clean & properly washed, glove use washing facilities available	-	1	28. Washing fruits	es properly identified, stored and used						
	N/A N/O		er hot and cold food holding temps				11. Self service, 32. Labeled						
	N/A		as a public health control, records			33. Nonfood conta							
	N/A N/O		er cooling methods				acilities maintained, test strips						
	N/A N/O		er cooking time and temps				nsils, approved, clean good repair						
	N/A N/O N/A N/O		eating temperature for hot holding rned and reservice of food	-	-	36. Equipment, ute 37. Vending Mach	nsils and linens, storage and use						
In	N/A N/O		I safe and unadulterated		1	38. Adequate venti							
	N/A N/O		I contact surfaces clean and sanitized				provided and accurate						
In		15. Food	from approved source				properly used and stored						
	N/A N/O		stock tags, 17. Gulf Oyster regs				per backflow prevention						
	N/A N/O		pliance with HACCP plan	-	-		rly disposed; facilities maintained						
	N/A N/O N/A		isory for raw/undercooked food th care/ School prohibited food	-	-		supplied, properly constructed, clean , vermin proof; personal items separate		_				
In	11/74			_									
***						TO. T TOOTS, TRAINS OF	to votings manifement and order	45. Floors, walls and ceilings maintained and clean					
In		22. Was				46. No unapproved	living or sleeping quarters						
In In			tewater properly disposed odents, insects, birds, animals				l living or sleeping quarters Permit & inspection report available						
			tewater properly disposed				ermit & inspection report available						
In			tewater properly disposed			47. Signs posted; P	ermit & inspection report available						
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Name of Facility/ DBA:								Inspection	Date:					
	Capaus Harvest							1 416122						
1	Address:	1.1	4		1		0.7	Reinspection	on Date (o	on or afte	er):			
-	7544 1	544 Cutting Duy Orland CA				59	(Reinspections are subject to fees)							
	Owner/Permitee:	rner/Permitee: Phone 1						Inspection			Permit Ex	p. Date:		
1.	AMARCIA METERAT 86				65	1	IDD	410	5 p	- 1		•		
1	Certified Food Handler:					, <u>U</u>	500	Certificate		- N				
17	Wester Bernhard							(Certificate	) [ , _	-106		, a li		
13					☐ Con	structio	n/Pre-opening	Other:	xpires rive	years are	ter it is issu	ied)		
1	Applicable Law CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code (See reverse side of sheet for summary)													
Ξ	In = In compliance N/A = Not Applicable N/O = Not Observed Maj = Major viole					lation Out = Itam	a not in comm	lionas	COS -	Compatad	l On Site			
	m – m compitat		ritical Risk Factors for Disease	Mai	Out	COS	lation Out – Item	s not in comp	nance	CO3 -	Corrected	Out	COS	
I	n	1. Dem	onstration of knowledge				24. Person in charg							
100	n N/O		municable disease restrictions				25. Personal cleanly							
Ī			harge of eyes, nose, mouth  ng, tasting, drinking, tobacco use		×		26. Approved thaw 27. Food separated							
I	n N/O	5. Hand	Is clean & properly washed, glove use				28. Washing fruits	and vegetable	S					
I.			Iwashing facilities available				29. Toxic substance				d used			
I			er hot and cold food holding temps as a public health control, records	X	1		30. Food storage, 3 33. Nonfood contact		,	eled				
T		9. Prop	er cooling methods				34. Warewashing fa			t strips				
I			per cooking time and temps				35. Equipment, uter	isils, approve	d, clean g	ood repa				
I I			eating temperature for hot holding imed and reservice of food		-		36. Equipment, uter 37. Vending Machi		is, storage	and use	;	X		
-	11/24 11/0		d safe and unadulterated				38. Adequate ventil		ting					
-	n) N/A N/O		d contact surfaces clean and sanitized				39. Thermometers	rovided and	accurate					
E I	n N/A) N/O		d from approved source I stock tags, 17. Gulf Oyster regs	-			40. Wiping cloths p							
I			pliance with HACCP plan		-		41. Plumbing, prop 42. Garbage proper				ed			
I	n (N/A) N/O	19. Adv	isory for raw/undercooked food											
I	In N/A 20. Health care/ School prohibited food						44. Premises clean.	ilities supplied, properly constructed, clean clean, vermin proof; personal items separate						
	1		0 11											
I		21. Hot	& cold water. Temp: \\ °F				45. Floors, walls an	d ceilings ma	intained a	nd clean				
I	1)	21. Hot 22. Was	tewater properly disposed		X		45. Floors, walls an 46. No unapproved	d ceilings ma living or slee	intained a ping quart	nd clean ters	i			
I	1)	21. Hot 22. Was			X		45. Floors, walls an	d ceilings ma living or slee ermit & inspe	intained a ping quart	nd clean ters	i			
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### OFFICIAL INSPECTION REPORT

### **Continuation Sheet**

## GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT 225 N. Tehama Street, Willows, CA 95988

Phone (530) 934-6102 FAX (530) 934-6103

Name of Facility / DBA:	Inspection Date:
Capay's Harvest	4/6/22
Address: 7544 Cutting Ave, Orland	1
Owner/Permitee:	
Amanda Metzgar	
Comments: Continued	
S) Clean the 10+ rodent droppings from cabine	t beneath soda
machine. Eliminate rodents as needed.	
Remove saft wood spoons from premesis.	
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1	
	1 0 N
Received By: Kells: REHS: Dho	H. Wells