

FOOD FACILITY INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

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

Name of Facility/ DBA: <u>Nancy's Elk Horn Lodge</u>		Inspection Date: <u>4/20/23</u>	
Address: <u>2745 & 2749 C/R 306 Elk Creek CA</u>		Reinspection Date (on or after): <u>next inspection</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>Sharon Green</u>	Phone No.:	Inspection Time: <u>11:00 AM</u>	Permit Exp. Date:
Certified Food Handler: <u>Janie Purris</u>		Certificate Expiration Date: <u>12/20/24</u> <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 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				
<u>In</u>										24. Person in charge present and performs duties		
<u>In</u>										25. Personal cleanliness and hair restraints		
<u>In</u>	N/O									26. Approved thawing methods used		
<u>In</u>	N/O									27. Food separated and protected		
<u>In</u>	N/O									28. Washing fruits and vegetables		
<u>In</u>										29. Toxic substances properly identified, stored and used		
<u>In</u>	N/A	N/O								30. Food storage, 31. Self service, 32. Labeled		
<u>In</u>	N/A									33. Nonfood contact surfaces clean		
<u>In</u>	N/A	N/O								34. Warewashing facilities maintained, test strips		
<u>In</u>	N/A	N/O								35. Equipment, utensils, approved, clean good repair	X	
<u>In</u>	N/A	N/O								36. Equipment, utensils and linens, storage and use		
<u>In</u>	N/A	N/O								37. Vending Machines		
<u>In</u>	N/A	N/O								38. Adequate ventilation and lighting		
<u>In</u>	N/A	N/O								39. Thermometers provided and accurate		
<u>In</u>	N/A	N/O								40. Wiping cloths properly used and stored		
<u>In</u>	N/A	N/O								41. Plumbing, proper backflow prevention		
<u>In</u>	N/A	N/O								42. Garbage properly disposed; facilities maintained		
<u>In</u>	N/A	N/O								43. Toilet facilities supplied, properly constructed, clean		
<u>In</u>	N/A	N/O								44. Premises clean, vermin proof; personal items separate		
<u>In</u>										45. Floors, walls and ceilings maintained and clean	X	
<u>In</u>										46. No unapproved living or sleeping quarters		
<u>In</u>										47. Signs posted; Permit & inspection report available		
<u>In</u>										48. Plan Review Required		

No PHF []					
°F	Food	Location	°F	Food	Location
38	Sliced tomato	Single top Sandwich fridge	32	Coconut cream pie	2-Door Pie fridge
7	raw pork	walk in freezer	140	soup	soup warmer
138	groun	A Top Steam table	20	Ham	Back walk in fridge
40	cheese	Everest - 2 Door			

Comments: NO CRITICAL VIOLATION

35) Mold observed on white interior lip of ice machine. / Clean interior ice machine and maintain.

45) Tiles & coving observed to be broken or lacking near the entry way from kitchen to back room. / Repair.

* All equipment / physical work shall be approved by this dept (1st)

Received By: Shyan Miller REHS: Jay Bhakta

