

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: NANCY'S ELK HORN LODGE | | Inspection Date: 8/11/16 | |
| Address: 2745 & 2749 CR 306 | | Reinspection Date (on or after): NEXT INSPECTION <small>(Reinspections are subject to fees)</small> | |
| Owner/Permittee: SHARON GREEN | Phone No.: | Inspection Time: 8:30 | Permit Exp. Date: |
| Certified Food Handler: SHARON GREEN | | Certificate Expiration Date: 7/29/18 <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 <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 | | | | | | | |
| 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 | | | X | | | | |
| In | | N/O | 5. | Hands clean & properly washed, glove use | | | | | | | | 28. | Washing fruits and vegetables | | | X | | | | |
| In | | | 6. | Handwashing facilities available | | | | | | | | 29. | Toxic substances properly identified, stored and used | | | X | | | | |
| In | N/A | N/O | 7. | Proper hot and cold food holding temps | | | | | | | | 30. | Food storage, 31. Self service, 32. Labeled | | | X | | | | |
| In | N/A | | 8. | Time as a public health control, records | | | | | | | | 33. | Nonfood contact surfaces clean | | | X | | | | |
| 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 | | | X | | | | |
| 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 | | | X | | | | |
| 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 | | | | | | | |
| 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 | | 20. | Health care/ School prohibited food | | | | | | | | 44. | Premises clean, vermin proof; personal items separate | | | X | | | | |
| In | | | 21. | Hot & cold water. Temp: 120°F | | | | | X | | | 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 |
| 40 | ROAST BEEF | INSIDE 2-DOOR EVEREST FRIDGE | 41 | POTATO SALAD | ATOP SALAD BAR |
| 40 | MILK | INSIDE MINI FRIDGE | 38 | BEEF | WALK-IN FRIDGE |
| 140 | SUSAGE GRAVY | STEAM TABLE | | | |
| 38 | COCONUT PIE | PIE FRIDGE | | | |

Comments:
 -NO CRITICAL VIOLATIONS

OTHER VIOLATIONS

(21) MAINTAIN WARM WATER OF AT LEAST 100°F AT ALL THE BATHROOM SINKS.

(27) STORE ALL RAW P.H.F. BELOW OR AWAY FROM READY TO EAT FOOD. OBSERVED RAW EGG ABOVE SAUCES IN THE FRIDGE.

Received By: *Sharon Green* REHS: *Andrew Papp*

FOOD FACILITY INSPECTION REPORT

Continuation Sheet

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

257 North Villa Avenue, Willows, CA 95988
Phone (530) 934-6102 FAX (530) 934-6103

Page 2 of 3

| | |
|--|------------------------------------|
| Name of Facility/ DBA: <u>Nancy's Elk Horn Lodge</u> | Inspection Date: <u>8/11/16</u> |
| Address: <u>PAGE 2</u> | |
| Owner/Permitee: <u>PAGE 2</u> | |
| Applicable Law <i>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code</i> | |

Comments:

OTHER VIOLATIONS (CONT.)

- 29 STORE ALL TOXICS AWAY FROM FOOD AND UTENSILS. OBSERVED CAN OF RAID NEXT TO PLATES/UTENSILS.
- 30 STORE ALL FOOD AT LEAST 6 INCHES OFF OF THE FLOOR. OBSERVED MEAT/VEG'S ON THE FLOOR OF THE WALK-IN.
- 32 LABEL ALL RE-PACKAGED FOOD OF CONTENTS. OBSERVED FLOUR IN A SOUR CREAM CONTAINER.
- 33 CLEAN/SANITIZE ALL DOOR KNOBS/DOORS AND ANY WHERE HANDS COME IN CONTACT.
- 35 REPLACE NON-COMMERCIAL APPLIANCES WITH COMMERCIAL GRADE, N.S.F & HEALTH DEPT. APPROVED APPLIANCES. (BLACK MINI FRIDGE, BLACK RIVAL MICROWAVE)
- 35 CLEAN & SANITIZE THE MOLDY BAR GUNS.
- 35 CLEAN & SANITIZE INSIDE OF THE ICE MACHINE, IT IS A BIT MOLDY.
- 35 CLEAN & SANITIZE THE MEAT SLICER BETTER AFTER USE.
- 36 DISCONTINUE STORING SCOOPS INSIDE THE DRY STORAGE BINS.
- 38 PROVIDE LIGHT COVERS FOR LIGHTS IN THE KITCHEN AREA.
- 44 REMOVE ALL OLD OR UN-USED EQUIPMENT IN THE BACK ROOM, IT IS STARTING TO STACK UP.
- 45 REPAIR THE WALL BEHIND THE 3-COMP. SINK & ADD FR.P.

| | |
|--------------------------------------|---------------------------|
| Received By: <u>X Shari, J Green</u> | REHS: <u>Andrew Petyo</u> |
|--------------------------------------|---------------------------|

FOOD FACILITY INSPECTION REPORT

Continuation Sheet

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

257 North Villa Avenue, Willows, CA 95988
Phone (530) 934-6102 FAX (530) 934-6103

Page 3 of 3

| | |
|--|------------------------------------|
| Name of Facility/ DBA: <u>NANCY'S ELK HORN LODGE</u> | Inspection Date: <u>8/11/16</u> |
| Address: <u>PAGE 3</u> | |
| Owner/Permittee: <u>PAGE 3</u> | |
| Applicable Law <i>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code</i> | |

Comments: OTHER VIOLATIONS

45 REPAIR THE WALLS & COVING IN THE KITCHEN AREA.

45 REPAIR THE CEILING AT THE DINER BAR,

| | |
|---------------------------------|------------------------------|
| Received By: <u>[Signature]</u> | REHS: <u>ANDREW P. PERRY</u> |
|---------------------------------|------------------------------|