FOOD FACILITY INSPECTION REPORT GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

247 North Villa Avenue, Willows, CA 95988

Page 1 of _____

| Name of Facility/ DI | | 1 none | (330) 33 | 4-0102 | FAX (5. | 30) 934-6103 | | | |
|--|----------------|--|---|---------------|------------|--|---|-------|---|
| Name of Facility/ DBA: | | | | | | Inspection Date: | | | |
| DOUBLE ET MARKET | | | | | | 2/2/0/19 | | | |
| Address: | | | | | | Reinspection Date (on or after): | | | |
| | | | | | | (Reinspections are subject to fees) | | | |
| STS SALPANENTO ST, HAMITON CITY Owner/Permitee: Phone No.: | | | | | | | | | |
| Owner/Permittee: | | | | | | Inspection Time: Permit E | xp. Date: | | |
| (SURSWEK SINGH | | | | | | | | | |
| Certified Food Handler: Certificate Expiration Date: | | | | | | | | | 1110 |
| (Certificate expires five years after it is iss | | | | | | | ued) | | |
| | itine Inspe | ection Reinspection Com | plaint | ☐ Cor | nstructio | on/Pre-opening | Other: | | |
| Applicable Law CALIFO | ORNIA RET | AIL FOOD CODE ("CalCode), Beginning with | h section | 113700, C | alifornia | Health and Safety Code | (See reverse side of sheet for summary) | | |
| | | | | | | | | | |
| In = In complia | | /A = Not Applicable $N/O = Not Obse$ | | Maj = N | | olation Out = Iten | ns not in compliance $COS = Correcte$ | 1 - 1 | |
| In | | Critical Risk Factors for Disease | Maj | Out | COS | 24 Person in char | ge present and performs duties | Out | COS |
| In | | nmunicable disease restrictions | | | | | liness and hair restraints | | |
| In (N/O) | | harge of eyes, nose, mouth | 536.50 | | | 26. Approved thav | | 1 | |
| In MO | | ng, tasting, drinking, tobacco use | | | | 27. Food separated | | | 1 |
| In MO | | ds clean & properly washed, glove use | Section 1 | | | 28. Washing fruits | | | |
| Tr N/A | | dwashing facilities available | | | | | es properly identified, stored and used | | |
| In N/A N/O | | er hot and cold food holding temps | NY IN ILEY | | | | 31. Self service, 32. Labeled | X | |
| In N/A N/O | | e as a public health control, records er cooling methods | | - | | 33. Nonfood conta | ct surfaces clean acilities maintained, test strips | | |
| In N/A N/O | | per cooking time and temps | | | | | nsils, approved, clean good repair | X | |
| In N/A N/O | | eating temperature for hot holding | Market S | | | | nsils and linens, storage and use | X | |
| In N/A N/O | | armed and reservice of food | 1000 | | | 37. Vending Mach | | 1 | |
| In | | d safe and unadulterated | | | | 38. Adequate venti | lation and lighting | X | |
| In N/A N/O | | d contact surfaces clean and sanitized | | × | | | provided and accurate | | |
| In NO | | from approved source | | | | | properly used and stored | | |
| In N/A N/O | | I stock tags, 17. Gulf Oyster regs | | | | | er backflow prevention | | |
| In N/A N/O | | isory for raw/undercooked food | | - | | | ly disposed; facilities maintained | | |
| In N/A | | th care/ School prohibited food | | | | | supplied, properly constructed, clean vermin proof; personal items separate | × | |
| | | & cold water. Temp: \\Zo\+\circ\F | | | | | d ceilings maintained and clean | X | |
| In | | tewater properly disposed | | | | | living or sleeping quarters | | |
| In | | odents, insects, birds, animals | | | | | ermit & inspection report available | | |
| | | | 100000000000000000000000000000000000000 | | 1 | 48. Plan Review Re | auired | | |
| | PRAYE III | | | | | 46. I fall feetew fee | quireu | | |
| | PHASE IN | | | | | 40. I fall Review Re | quireu | | |
| No PHF [] | Part All Sales | | | | N . | 46. I fall Review Re | quired | | |
| No PHF [] °F Food | | Location | | °F | | Food | Location | | |
| °F Food | | | | °F | | | | | |
| °F Food | | | | °F | | | | | |
| °F Food | | HOT HOLDING CARINET | | °F | - | | | | |
| °F FOOD BEEF 156 BURR | | HOT HOLDING CARINET | 0.5 | °F | | | | | |
| °F Food | | HOT HOLDING | 21/2 | °F | | | | | |
| °F FOOD BEEF 156 BURR | | HOT HOLDING CARINET | P1E | °F | * | | | | |
| °F FOOD BEEF 156 BURR | | HOT HOLDING CARINET | 21E | °F | * | | | | |
| °F FOOD BEEF 156 BURR | | HOT HOLDING CARINET | 212 | oF | | | | | |
| °F FOOD BEEF 156 BURRI | | HOT HOLDING CARINET | 212 | °F | | | | | |
| °F FOOD BEEF 156 BURR | 1 | HOT HOLDING CARINET REACH-IN FRIT | 212 | °F | | | | | |
| °F FOOD BEEF 156 BURRI | 1 | HOT HOLDING CARINET | 21E | °F | | | | | |
| °F Food BEEF 156 BURR 35 MILK Comments: | Jier | HOT HOLDING CARINET REALH-IN FRIT | | | | Food | Location | | |
| °F Food BEEF 156 BURR 35 MILK Comments: | Jier | HOT HOLDING CARINET REALH-IN FRIT | | | | Food | Location | R. | |
| °F Food BEEF 156 BURRI 35 MILK Comments: | JISC | HOT HOLDING CARINET REACH-IN FRIT | <u> </u> | A | | Food Food | Location ANITARY MANNE | R. | |
| °F Food BEEF 156 BURRI 35 MILK Comments: | JISC | HOT HOLDING CARINET REALH-IN FRIT | <u> </u> | A | | Food Food | Location ANITARY MANNE | | |
| Comments: | JIEL | HOT HOLDING CARINET REACH-IN FRIT ATTONS: LUTTENSILS (1) STORED IN A | J | A C | y T | Food Food Food Food | ANITARY MANNE BIN. | | |
| Comments: | JIEL | HOT HOLDING CARINET REACH-IN FRIT | J | A C | y T | Food Food Food Food | ANITARY MANNE BIN. | | |
| Comments: | JIEL SOP | HOT HOLDING CARINET REACH-IN FRIT ATTONS: L TENSILS (L FOOD AT L | J FI | A C | 4+ | Food FOOD | ANITARY MANNE BIN. OF THE FLOOR | ٠, | |
| Comments: | JIEL SOP | HOT HOLDING CARINET REACH-IN FRIT ATTONS: LUTTENSILS (1) STORED IN A | J FI | A C | 4+ | Food FOOD | ANITARY MANNE BIN. OF THE FLOOR | ٠, | |
| Comments: | JIEL A | HOT HOLDING CARINET REACH-IN FRIT ATTONS: L TENSILS (L FOOD AT L | J FI | A CON | y to BA | Food FOOD | Location ANITARY MANNE BIN. OF THE FLOOR MELOOR & INS | ٠, | |
| Comments: | JIEL A | HOT HOLDING CABINET REACH-IN FRIT ATTIONS: LYTENSIUS (IN LYTENSIUS (I | J FA | A CON ST | BA | Food Food PLASTIC 4 OFF CK POD At | Location Location ANITARY MANNE BIN. DE THE FLOOR MELOOR & INS | | |
| Comments: | JIEL A | HOT HOLDING CARINET REALH-IN FRIT ATTIONS: LYTENSILS IN LYTENSILS LYTENSI | J FA | A CON STATE | BA | FOOD FOOD PLASTIC 4 OFF EX POD APRIAN | Location Location ANITARY MANNE BIN. DE THE FLOOR MELOOR & INS | | |

FOOD FACILITY INSPECTION REPORT

Continuation Sheet

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

247 North Villa Avenue, Willows, CA 95988 Phone (530) 934-6102 FAX (530) 934-6103 Page _ _ _ of _ _

| Name of Facility/ DBA: | Inspection Date: |
|--|--|
| DOUBLE EE MARKET | 2/210/19 |
| Address: | |
| Owner/Permitee: | |
| Applicable Law CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code | |
| Comments: | |
| VIOLATIONS CONT. | |
| (35) GRADE, N.S.F. APPROVED & HEALTH | The second secon |
| APPLIANCES. NOBSERVED BLACK OSTER | 2 DONESTIC MICROWAY |
| 35) CLEAN & SANITIZE THE SODA MACH | CONTRACTOR OF SERVICE CONTRACTOR |
| A FEGULAR BASIS, THEY ARE REALLY | |
| 35) DEFROST OR CLEAN WALK-IN FREE | |
| ICE HAS FORMED AND ARE A HAZAR | 101 # |
| 36) ALL PRESSURIZED CYLINDERS MUST | |
| TO AN IMMOBILE SURFACE TORGETHED | UN-CHAINED COZ |
| AGAINST FAR WALL. STEPTERT VIOLE | ATTON |
| 38) PROVIDE UGHT SHIELDS OR SHATTER | - FLOOF BULBS |
| OVER THE FRUEN AREA. | |
| (B) CLEAN & SANITIZE THE FILTHY E | MPLOYER PASTROOM |
| REPEAT SIOLATION! | |
| 95) REPAIR CEILING & WALLS IN THE | |
| THE MARKET. THE CEILING IS IN BA | ND SHAPE. |
| AS THE INSTALL BASE COUING ON WA | the ADJACENT |
| TO THE ICE MACHINE. PEREAT | VIOLATION. |
| | |
| NOTE: ORACIT ALL REPEAT VIOLA | MONS TO |
| AVOID RE-INSPECTION FREES | |
| ENFORCEMENT ACTIONS. | |
| and the part of th | |
| | |
| \wedge | |
| Received By: REHS: REHS: | 1) zam |