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: GLENN MADE	Inspection Date: 9/26/18
Address: 910 W. WOOD ST., WILLOWS, CA	Reinspection Date (on or after): NEXT INSPECTION (Reinspections are subject to fees)
Owner/Permitee: Jill & Kyle CLEMINS — Phone No.: 966-4337	Inspection Time: 3:30 — Permit Exp. Date: -
Certified Food Handler: OBTAIN WITHIN 60 DAYS OF OPENING	Certificate Expiration Date: — (Certificate expires five years after it is issued)

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)

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			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			
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			
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			
In	N/A	N/O	16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention		X	
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			
In			21. Hot & cold water. Temp: 120+ °F				45. Floors, walls and ceilings maintained and clean			
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 [X] * REFRIGERATION TEST - OK!

°F	Food	Location	°F	Food	Location

Comments:

** FOOD FACILITY IS APPROVED TO OPEN ON THE ABOVE DATE & TIME. THIS DOCUMENT WILL BE YOUR TEMPORARY OPERATING PERMIT UNTIL A PERMANENT ONE CAN BE MAILED.

(41) ATTACH A BACKFLOW PREVENTION DEVICE TO THE MOP SINK AT THE REAR OF THE STORE.

*OBTAIN FOOD SAFETY CERT WITHIN 60 DAYS.

Received By: Kyle Clem

REHS: Andrew Reyes