

# FOOD FACILITY INSPECTION REPORT

## GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

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

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|  |            |   |                   |
|--|------------|---|-------------------|
| Name of Facility/ DBA:<br><i>Wrong Way Home</i>  |            | Inspection Date:<br><i>2/15/22</i>  |                   |
| Address:<br><i>222 W. Walnut St. Willows</i>   |            | Reinspection Date (on or after):<br><i>NEX INSPECTION</i><br><small>(Reinspections are subject to fees)</small> |                   |
| Owner/Permitee:<br><i>Gabriel Gentile</i>  | Phone No.: | Inspection Time:<br><i>2 PM</i>   | Permit Exp. Date: |
| Certified Food Handler:<br><i>N/A</i>  |            | Certificate Expiration Date: <i>N/A</i><br><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</i> (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: °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 [ ] |                         |                                     |    |      |          |
|------------|-------------------------|-------------------------------------|----|------|----------|
| °F         | Food                    | Location                            | °F | Food | Location |
|            | <i>39 Whipped Cream</i> | <i>Single door below per fridge</i> |    |      |          |
|            |                         |                                     |    |      |          |
|            |                         |                                     |    |      |          |
|            |                         |                                     |    |      |          |

Comments:

*41) All floor sinks observed to have heavy grime build up throughout the facility. Clean the floor sinks by ice machine, and below the 3-comp ~~floor~~ sink - floor sinks.*

Received By: *Valeria Ace*                      REHS: *Jay Bhakta*