

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: <u>WALMART</u>		Inspection Date: <u>12/19/19</u>
Address: <u>470 N. AIRPORT ROAD, WILLOWS</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>
Owner/Permitee: <u>WALMART</u>	Phone No.:	Inspection Time: <u>9:00</u>
Certified Food Handler: MGR. <u>ROBERT HASKINS</u>		Permit Exp. Date:
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:		Certificate Expiration Date: <u>9/30/21</u> <small>(Certificate expires five years after it is issued)</small>
Applicable Law <u>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code (See reverse side of sheet for summary)</u>		

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
<input checked="" type="checkbox"/>		1.	Demonstration of knowledge				24.	Person in charge present and performs duties				
<input checked="" type="checkbox"/>		2.	Communicable disease restrictions				25.	Personal cleanliness and hair restraints				
<input checked="" type="checkbox"/>	N/O	3.	Discharge of eyes, nose, mouth				26.	Approved thawing methods used				
<input checked="" type="checkbox"/>	N/O	4.	Eating, tasting, drinking, tobacco use				27.	Food separated and protected				
<input checked="" type="checkbox"/>	N/O	5.	Hands clean & properly washed, glove use				28.	Washing fruits and vegetables				
<input checked="" type="checkbox"/>		6.	Handwashing facilities available				29.	Toxic substances properly identified, stored and used				
<input checked="" type="checkbox"/>	N/A	N/O	7. Proper hot and cold food holding temps			X	30.	Food storage, 31. Self service, 32. Labeled				
<input checked="" type="checkbox"/>	N/A		8. Time as a public health control, records				33.	Nonfood contact surfaces clean				
<input checked="" type="checkbox"/>	N/A	N/O	9. Proper cooling methods				34.	Warewashing facilities maintained, test strips				
<input checked="" type="checkbox"/>	N/A	N/O	10. Proper cooking time and temps				35.	Equipment, utensils, approved, clean good repair			X	
<input checked="" type="checkbox"/>	N/A	N/O	11. Reheating temperature for hot holding				36.	Equipment, utensils and linens, storage and use				
<input checked="" type="checkbox"/>	N/A	N/O	12. Returned and reserve of food				37.	Vending Machines				
<input checked="" type="checkbox"/>			13. Food safe and unadulterated				38.	Adequate ventilation and lighting				
<input checked="" type="checkbox"/>	N/A	N/O	14. Food contact surfaces clean and sanitized				39.	Thermometers provided and accurate				
<input checked="" type="checkbox"/>			15. Food from approved source				40.	Wiping cloths properly used and stored				
<input checked="" type="checkbox"/>	N/A	N/O	16. Shell stock tags, 17. Gulf Oyster regs				41.	Plumbing, proper backflow prevention				
<input checked="" type="checkbox"/>	N/A	N/O	18. Compliance with HACCP plan				42.	Garbage properly disposed; facilities maintained				
<input checked="" type="checkbox"/>	N/A	N/O	19. Advisory for raw/undercooked food				43.	Toilet facilities supplied, properly constructed, clean				
<input checked="" type="checkbox"/>	N/A		20. Health care/ School prohibited food				44.	Premises clean, vermin proof; personal items separate				
<input checked="" type="checkbox"/>			21. Hot & cold water. Temp: <u>112</u> °F			X	45.	Floors, walls and ceilings maintained and clean			X	
<input checked="" type="checkbox"/>			22. Wastewater properly disposed				46.	No unapproved living or sleeping quarters				
<input checked="" type="checkbox"/>			23. No rodents, insects, birds, animals				47.	Signs posted; Permit & inspection report available				
							48.	Plan Review Required				

No PHF []					
°F	Food	<u>DELI</u> Location	°F	Food	<u>MEAT</u> Location
39	HAM	<u>WALK-IN FRIDGE</u>	19	CHICKEN PAWS	<u>RACK-WALK-IN</u>
32	BRIE	<u>WALK-IN</u>	39	QUESO FRESCO	<u>REACH-IN FRIDGE</u>
17	TURKEY	<u>DISPLAY FRIDGE</u>	39	MILK	<u>REACH-IN</u>
32	PROSCIUTTO	<u>DISPLAY FRIDGE</u>			
Comments:		<u>REACH-IN FRIDGE</u>			
32	PIZZA	<u>REACH-IN FRIDGE</u>			
39	SUSAGE	<u>REACH-IN FRIDGE</u>			
34	ROUND STEAK	<u>MEAT DISPLAY CASE</u>			

***NO CRITICAL VIOLATIONS**

CORRECT THE FOLLOWING

6) DISCONTINUE BLOCKING THE HAND WASH SINK OR OBSTRUCTING THE SINK. OBSERVED PALLET LOADER IN FRONT OF HAND SINK

Received By: [Signature] REHS: ANDREW PERRO

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Continuation Sheet
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Page 2 of 2

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Comments: CORRECT THE FOLLOWING:

(2) MAINTAIN HOT WATER TEMPERATURE AT ALL 3-COMPARTMENT SINK & PREP SINK OF AT LEAST 120°F. MEASURED MULTIPLE SINKS OUT OF TEMP. ⇒ 112°F.

(3) REPAIR/REPLACE ~~THE~~ BOTH SINKS IN THE PRODUCE ROOM, THE LEGS APPEAR TO BE BROKEN AND THE PLUMBING IS NOT CENTERED OVER THE FLOOR DRAIN.

(3) REPAIR OR REPLACE THE CRACKED MOP SINK IN THE DAIRY DEPT.

(4) CLEAN/SANITIZE/DE-GREASE BEHIND & AROUND THE FRYER AREA ~~IN~~ IN THE DELI AREA.

(4) CLEAN/SANITIZE UNDER/BEHIND THE 3-COMPARTMENT SINKS AND FURNITURE IN THE DELI AREA.

(4) CLEAN/SANITIZE THE WALLS IN THE DELI AREA, THE WALLS WERE FILTHY IN AREAS.

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