FOOD FACILITY INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

225 N. Tehama Street, Willows, CA 95988 Phone (530) 934-6102 FAX (530) 934-6103 Page 1 of _____

| Name | of Facility/ DB/ | A: | 7 (1 | | 0102 | 17171 (32 | 50) 754-0105 | Inspection Date: | | | | | |
|--------------------------------------|--|--|--|--|----------------|------------|---|--|-------|-----|-------------|--|--|
| | SA | KURA | HUT JAPANE | SE | 0 | 13HI | ttur | 2/13/24 | | | | | |
| Address: 245 E. WALKER ST., ORLAN | | | | | | | Reinspection Date (on or after): CA 95963 (Reinspections are subject to fee) | | | | | | |
| Owner/Permitee: | | | | | hone No | .: | | Inspection Time: Permit Exp. Date: | | | | | |
| 1 1 | LINS STAVEDRA | | | | | | | 11:00 | | | | | |
| Certified Food Handler: | | | | | | | | Certificate Expiration Date: | | | | | |
| NOT VERIFIED | | | | | | | | (Certificate expires five years after it is issued) | | | | | |
| Servic | | ine Inspection | | mplaint | | | | Other: | | | | | |
| Applica | able Law CALIFO | RNIA RETAIL F | OOD CODE ("CalCode), Beginning w | rith section | 113700, C | California | Health and Safety Code (| See reverse side of sheet for sum | mary) | | | | |
| | In = In compliance N/A = Not Applicable N/O = Not Observ | | | | | Major vic | lation Out = Items not in compliance COS = Corrected On Site | | | | | | |
| T-a | Critical Risk Factors for Disease 1. Demonstration of knowledge | | | Maj | Out | COS | 24 P : 1 2 6 1 c | | | Out | COS | | |
| In | | Demonstration of knowledge Communicable disease restrictions | | | × | | 24. Person in charge present and performs duties 25. Personal cleanliness and hair restraints | | | | | | |
| In | N/O | | e of eyes, nose, mouth | | | | | thawing methods used | | | | | |
| (In) | N/O | | sting, drinking, tobacco use | | | | | Food separated and protected | | | | | |
| In | N/O | | nds clean & properly washed, glove use | | | | | 28. Washing fruits and vegetables | | | | | |
| In | 6. Handwashing facilities available N/A N/O 7. Proper hot and cold food holding temps | | | × | | | oxic substances properly identified, stored and used ood storage, 31. Self service, 32. Labeled | | | | | | |
| | N/A N/O 7. Proper not and cold food holding temps N/A 8. Time as a public health control, records | | | | | | age, 31. Self service, 32. Labeled | | | | | | |
| In | N/A N/O 9. Proper cooling methods | | | | | | | facilities maintained, test strips | | | | | |
| In | N/A (N/O) | I/A N/O 10. Proper cooking time and temps | | | | | 35. Equipment, uter | ensils, approved, clean good repair | | | | | |
| In | N/A | | | | | | | ensils and linens, storage and use | | | | | |
| In | N/A 12. Returned and reservice of food 13. Food safe and unadulterated | | | - | | | 37. Vending Machin | | | | | | |
| In | N/A N/O 14. Food contact surfaces clean and sanitized | | | _ | × | | | ventilation and lighting eters provided and accurate | | | | | |
| In | | | | | ^ | | | oths properly used and stored | | | | | |
| | in N/A N/O 16. Shell stock tags, 17. Gulf Oyster regs | | | | | | | imbing, proper backflow prevention | | | | | |
| _ | In N/A N/O 18. Compliance with HACCP plan | | | | | | | y disposed; facilities maintai | | * | | | |
| In | | | | X | × | | | 3. Toilet facilities supplied, properly constructed, clean | | | | | |
| | In N/A 20. Health care/ School prohibited food | | | + | - | - | | Premises clean, vermin proof; personal items separate | | | | | |
| In | 21. Hot & cold water. Temp: °F 22. Wastewater properly disposed | | + | | | | Floors, walls and ceilings maintained and clean No unapproved living or sleeping quarters | | | | | | |
| An) | 23. No rodents, insects, birds, animals | | | | | · | ns posted; Permit & inspection report available | | | | | | |
| | and the second s | | | | | | 48. Plan Review Required | | | | | | |
| No P | ur f 1 | | | | | | | | | | | | |
| oF. | Food | | Location | | oF | | Food | Loca | ation | | | | |
| | EAW. | | INDER COUNTE | R | Ť | | 1000 | 200 | | | | | |
| 39 | FISH | | TRUE FRIDGE | <u> </u> | | | | | | | | | |
| 40 | WHITE PICE COOKER (O | | | | - | | | | | | | | |
| 6 | of RICE (AUDIFIED THROUGH) | | | | | 5) | Ē | | | | | | |
| | | | | | | | | | | | | | |
| Con | ments: | XX C | RITICAL UI | | - | | CX | | | | | | |
| | | | | | | | | VIII VIII | 2 01 | | | | |
| | | | TOOD S | | | | | | | | | | |
| | | | FOR INSPEC | - 2 | | | ACIL 1949 | STILL CA | KE | 13 | | | |
| - | IDENI | E FI | on SAFERY | | | | | | | | | | |
| | | | 0.40 | 19) FACILITY WAS STILL LACKING CONSUMER ADVISORY | | | | | | | | | |
| (19) | | LITY | WAS STILL | - 6 | 40 | 212 | g CONS | umer ADI | 1150 | Ry | | | |
| | FACI | | WAS STILL | | | | | | | | | | |
| Fre | FACI OR SI | FUIN | 19 RAW FOR | | | | | | | | → | | |
| FRE | FACI | FUIN | 19 RAW FOR | | Str | | PREVION | S REPORT | | | > | | |

OFFICIAL INSPECTION REPORT

Continuation Sheet

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| SAKURA HUT JAPANESE SUSHI HUT 2/13/24 |
|--|
| Address: |
| Owner/Permitee: |
| Comments: OTHER VIOLATIONS |
| (6) THE HANDWASH SINK SHALL BE PROPERLY SUPPLIED |
| WITH SOAP & HAND TOWERS AT ALL TIMES. WHE SINK |
| LACKED HAND TOWELS |
| 14) AU WAREWASHING SHAU BE DONE USING THE |
| APPROVED METHOD OF WASH RINSE SANTTIZE |
| OBSERVED EMPLOYEES WASHING UTENSILS USING ONLY |
| GOAP + WATER. 4D ALL INDIFFECT PLUMBING AT PREP & WAREWASHING |
| SINKS SHALL HAVE A 1-INCH AIR GAP ABOVE FLOOD |
| RIM OF FLOOR DRAIN. |
| 40 PROVIDE A BACKFLOW PREVENTION DEVICE ON |
| THE MOP SINK. |
| |
| * A RE-INSPECTION FEE WILL APPLY FOR UNCORRECTED |
| PREVIOUS VIOLATIONS. CORRECT TO AUDID ANY |
| FUTURE FEES AND OR OTHER PUNITIVE ACTIONS. |
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| Received By: REHS: REHS: |