## FOOD FACILITY INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

225 N. Tehama Street, Willows, CA 95988

Page 1 of \_\_\_\_\_

Tar on the / par		Phone (	530) 93	34-6102	FAX (53	30) 934-6103	T. d. D.			_
Name of Facility/ DI	Inspection Date:									
I AC	4/5/23									
Address:	Reinspection Date (on or after):									
Owner/Permitee: Phone No.:							(Reinspections are subject to fees)			- 1
Owner/Permitee: Phone No.:						Inspection Time:	Permit Ex		$\neg$	
				865-5615			3:15			- 1
Cartified Food Hand		003-0015				tor		$\dashv$		
Certified Food Handler: MGR  Certificate Expiration Date:  (Certificate expires five lears after it is issued)										- 1
ASHUE	E1 * 4	laint [] Companyation/Decompanies []								
A SHOULE LAYMAN (Certificate exples five lears 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 $N/A = Not Applicable$ $N/O = Not Obser$			erved	Maj = N	/lajor vic	olation Out = Items	not in compliance CO	S = Corrected	l On Site	
	Critical Risk Factors for Disease			Out	COS	Out COS			OS	
1. Demonstration of knowledge			-			24. Person in charge present and performs duties 25. Personal cleanliness and hair restraints				
M N/O	Communicable disease restrictions     Discharge of eyes, nose, mouth					26. Approved thawing methods used			-	
In NO		ng, tasting, drinking, tobacco use					27. Food separated and protected			
(In) N/O		ds clean & properly washed, glove use				28. Washing fruits and vegetables				
(III)	6. Handwashing facilities available					29. Toxic substances properly identified, stored and used				
In N/A N/O				×		30. Food storage, 31. Self service, 32. Labeled				_
In N/A N/O		e as a public health control, records	-	-		Nonfood contact surfaces clean     Warewashing facilities maintained, test strips				_
N/A N/O		9. Proper cooling methods 10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair				
In N/A N/O	+					36. Equipment, utensils and linens, storage and use				
n/A N/O		rmed and reservice of food				37. Vending Machines				
		d safe and unadulterated					38. Adequate ventilation and lighting			
In N/A N/O	N/O 14. Food contact surfaces clean and sanitized 15. Food from approved source		1	-	-	<del></del>	39. Thermometers provided and accurate 40. Wiping cloths properly used and stored		×	-
In N/A N/O			1			<del></del>	41. Plumbing, proper backflow prevention		_	
In MA N/O							42. Garbage properly disposed; facilities maintained			
In N/A N/O		isory for raw/undercooked food					43. Toilet facilities supplied, properly constructed, clean			
In NA 20. Health care/ School prohibited food			1			44. Premises clean, vermin proof; personal items separate				
Contract Con	In 21. Hot & cold water. Temp: 725 °F			_		45. Floors, walls and ceilings maintained and clean  46. No unapproved living or sleeping quarters				
22. Wastewater properly disposed 23. No rodents, insects, birds, animals			1	-	-	47. Signs posted; Permit & inspection report available			_	
25. No fouchts, firscers, birds, animals				7		48. Plan Review Required				
10.7 AMAZ ANTIOTI ANNIALOS										
No PHF [ ]										
°F Foo	d	Location		°F Food		Food	Location			
54 GUACAT	して	ATOP PREP								
33 CHEE	1 Amp Parp									
100KED COOLELL										
27 CHIC	7 CHICKEN WALK-IN FAIR		DGI	E .						
1155/	1111 GROUND ATOP STEAM									
146 BEEF TABLE										
Comments:										
**CAMCAL VIOLATION **										
FHOD, ALL POTENTIALLY HAZARDOUS FOODS AT/BELOW 41°F										
OR AT ABOVE 135 F AT ALL TIMES MEASURE GUALAMOLE										
ATOP THE LINE @ 54°F. LOBERATOR DISPOSED OF APPROX.										
1 PINT.										
OTHER VIOLATIONS										
40 MAINTAIN THE PROPER AMOUNT OF SANITIZED IN THE										
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Received By: XMMaMM Outly REHS: Apren 1 2245										

## OFFICIAL INSPECTION REPORT

## **Continuation Sheet**

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

Name of Facility / DBA:	Inspection Date:
TACO BELL	4/5/23
Address:	177
Owner/Permitee:	
Comments: OTHER VIOLATIONS CONT.	
40 WIPING CLOTH BUCKETS. HEAGURED	APPROX 100 PPT
QUATE IN PAR BUCKETS (REQ. 7200 PR	и).
QUATE IN PAR BUCKETS (REQ. 7200 PR 45) PERPAIR MISSING COVING ON WALL	BEHIND COZ
CYCINDER.	
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Received By Mellery Ma Stidle REHS: Free	TEW TESTERO
1000/111	