

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: TACO BELL		Inspection Date: 6/8/22	
Address: 1301 W. WOOD ST., WILLOWS, CA		Reinspection Date (on or after): NEXT INSPECTION <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: JA SUMMERLAND, INC.	Phone No.:	Inspection Time: 10:30	Permit Exp. Date:
Certified Food Handler: BRANDY CHANDAR		Certificate Expiration Date: 8/21/24 <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 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	Out	COS
Critical Risk Factors for Disease			Maj	Out	COS	Out	COS
<input checked="" type="checkbox"/> In							
<input checked="" type="checkbox"/> In							
<input checked="" type="checkbox"/> In	N/O						
<input checked="" type="checkbox"/> In	N/O						
<input checked="" type="checkbox"/> In	N/O						
<input checked="" type="checkbox"/> In							
<input checked="" type="checkbox"/> In	N/A	N/O					
<input checked="" type="checkbox"/> In	N/A						
<input checked="" type="checkbox"/> In	N/A	N/O					
<input checked="" type="checkbox"/> In	N/A	N/O					
<input checked="" type="checkbox"/> In	N/A	N/O					
<input checked="" type="checkbox"/> In	N/A	N/O					
<input checked="" type="checkbox"/> In	N/A	N/O					
<input checked="" type="checkbox"/> In							
<input checked="" type="checkbox"/> In	N/A	N/O		X			
<input checked="" type="checkbox"/> In	N/A	N/O					
<input checked="" type="checkbox"/> In	N/A	N/O					
<input checked="" type="checkbox"/> In	N/A	N/O					
<input checked="" type="checkbox"/> In	N/A	N/O					
<input checked="" type="checkbox"/> In							
<input checked="" type="checkbox"/> In							X
<input checked="" type="checkbox"/> In							
<input checked="" type="checkbox"/> In							

No PHF []					
°F	Food	Location	°F	Food	Location
151	BEEF	HOT HOLDING CABINET	31	GUACAMOLE	WALK-IN FRIDGE
165	REFRIED BEANS	SERVING LINE MANAGER			
152	POTATOES	HOT HOLDING CABINET			
31	SOUP CREAM	UNDER COUNTER FRIDGE			

Comments: CORRECT THE FOLLOWING:

(14) VERIFY THE CORRECT AMOUNT OF SANITIZER IS BEING USED (>200 PPM QUATS) BEFORE SANITIZING DISHES IN THE 3-COMPARTMENT SINK. 1 SANITIZER MEASURED ND

(35) CLEAN & SANITIZE UNDER/AROUND ALL THE SODA & FREEZE MACHINES, THEY ARE STICKY & DIRTY.

(43) DEEP CLEAN THE FACILITY FLOORING & WALLS. AREAS LOOKED GRIMY.

Received By: XBW REHS: Andrew Perry