

FOOD FACILITY INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

257 North Villa Avenue, Willows, CA 95988
Phone (530) 934-6102 FAX (530) 934-6103

Name of Facility/ DBA: HERBALIFE		Inspection Date: 10/9/14	
Address: 130 N. BUTTE ST., WILLIAMS		Reinspection Date (on or after): * FACILITY IS CLOSED <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: RAQUEL BRIONES	Phone No.:	Inspection Time: 11:00	Permit Exp. Date:
Certified Food Handler: - NONE CURRENT (PROOF NOT AT SITE)		Certificate Expiration Date: <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 (See reverse side of sheet for summary)</i>			

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			
In						X	X		24. Person in charge present and performs duties		
In									25. Personal cleanliness and hair restraints		
In		N/O							26. Approved thawing methods used		
In		N/O							27. Food separated and protected		
In		N/O							28. Washing fruits and vegetables		
In							X		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							33. Nonfood contact surfaces clean		
In	N/A	N/O							34. Warewashing facilities maintained, test strips		
In	N/A	N/O							35. Equipment, utensils, approved, clean good repair		
In	N/A	N/O							36. Equipment, utensils and linens, storage and use		
In	N/A	N/O							37. Vending Machines		
In									38. Adequate ventilation and lighting		X
In	N/A	N/O							39. Thermometers provided and accurate		
In									40. Wiping cloths properly used and stored		
In	N/A	N/O							41. Plumbing, proper backflow prevention		
In	N/A	N/O							42. Garbage properly disposed; facilities maintained		
In	N/A	N/O							43. Toilet facilities supplied, properly constructed, clean		
In	N/A	N/O							44. Premises clean, vermin proof, <u>personal items separate</u>		X
In									45. Floors, walls and ceilings maintained and clean		
In						X	X		46. No unapproved living or sleeping quarters		
In									47. Signs posted; Permit & inspection report available		
In									48. Plan Review Required		

No PHF <input checked="" type="checkbox"/>					
°F	Food	Location	°F	Food	Location

Comments:
**** FACILITY IS CLOSED ON THE ABOVE DATE & TIME FOR THE FOLLOWING CRITICAL VIOLATIONS:**
**** CRITICAL VIOLATIONS ****
① FOOD FACILITY STILL LACKS A CERTIFIED FOOD SAFETY MGR. THIS IS A REPEAT VIOLATION. OBTAIN & KEEP PROOF OF CERT AT THE FACILITY.
② FACILITY LACKS HOT WATER OF AT 120°F REPAIR HOT WATER SYSTEM.

Received By: **Marla E. Garcia** REHS: **Andrew Petyo**

OFFICIAL INSPECTION REPORT

Continuation Sheet

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Comments:

OTHER VIOLATIONS:

(6) HANDWASH SINK SHALL BE AVAILABLE FOR WASHING HANDS AT ALL TIMES AND NOT BLOCKED OR OBEUSCIATED. OBSERVED PLASTIC BIN IN FRONT OF SINK

(38) REPAIR LIGHTING IN BACK STORAGE ROOM.

(44) ALL PERSONAL ITEMS (I.E. CELL PHONES, WALLET, PURSES, ETC.) SHALL BE STORED IN A DESIGNATED AREA AWAY FROM FOOD PREP AREAS.

Received By: <u>Maria E. Garcia</u>	REHS: <u>Andrew Peryo</u>
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