

**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: <u>Subway (Willows)</u>		Inspection Date: <u>9/22/15</u>	
Address: <u>505 Humboldt Ave, Willows, CA</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permitee: <u>KIJI, INC.</u>	Phone No.: <u>934-7717</u>	Inspection Time: <u>2:00</u>	Permit Exp. Date:
Certified Food Handler: <u>TEREASA MACIEL</u>		Certificate Expiration Date: <u>12/16/14</u> <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 <u>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code</u> (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		Critical Risk Factors for Disease			Maj	Out	COS				Out	COS
<input checked="" type="checkbox"/>	In		1. Demonstration of knowledge					24. Person in charge present and performs duties				
<input checked="" type="checkbox"/>	In		2. Communicable disease restrictions					25. Personal cleanliness and hair restraints				
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/O	3. Discharge of eyes, nose, mouth					26. Approved thawing methods used				
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/O	4. Eating, tasting, drinking, tobacco use					27. Food separated and protected				
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/O	5. Hands clean & properly washed, glove use					28. Washing fruits and vegetables				
<input checked="" type="checkbox"/>	In		6. Handwashing facilities available			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	29. Toxic substances properly identified, stored and used				
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	7. Proper hot and cold food holding temps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			30. Food storage, 31. Self service, 32. Labeled				
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A	8. Time as a public health control, records					33. Nonfood contact surfaces clean				
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	9. Proper cooling methods					34. Warewashing facilities maintained, test strips				
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	10. Proper cooking time and temps					35. Equipment, utensils, approved, clean good repair				
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	11. Reheating temperature for hot holding					36. Equipment, utensils and linens, storage and use		<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	12. Returned and reservice of food					37. Vending Machines				
<input checked="" type="checkbox"/>	In		13. Food safe and unadulterated					38. Adequate ventilation and lighting				
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	14. Food contact surfaces clean and sanitized					39. Thermometers provided and accurate				
<input checked="" type="checkbox"/>	In		15. Food from approved source					40. Wiping cloths properly used and stored				
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	16. Shell stock tags, 17. Gulf Oyster regs					41. Plumbing, proper backflow prevention				
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	18. Compliance with HACCP plan					42. Garbage properly disposed; facilities maintained				
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	19. Advisory for raw/undercooked food					43. Toilet facilities supplied, properly constructed, clean				
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/> N/A	20. Health care/ School prohibited food					44. Premises clean, vermin proof; personal items separate				
<input checked="" type="checkbox"/>	In		21. Hot & cold water. Temp: <u>120</u> °F					45. Floors, walls and ceilings maintained and clean				
<input checked="" type="checkbox"/>	In		22. Wastewater properly disposed					46. No unapproved living or sleeping quarters				
<input checked="" type="checkbox"/>	In		23. No rodents, insects, birds, animals					47. Signs posted; Permit & inspection report available				
								48. Plan Review Required				

No PHF [ ]					
°F	Food	Location	°F	Food	Location
31	TURKEY	WALK-IN FRIDGE			
113	MEAT BALLS	ATOP STEAM TABLE			
38	TUNA SALAD	ATOP LINE			
39	CHICKEN	UNDER COUNTER FRIDGE			

Comments:

**~~\*\*\* CRITICAL VIOLATION \*\*\*~~**

**(7) HOLD ALL POTENTIALLY HAZARDOUS FOOD AT/BELOW 41°F FOR AT/ABOVE 135°F AT ALL TIMES. MEASURED MEATBALLS @ 113°F. OPERATOR DISPOSED OF APPROX 25 MEATBALLS.**

**OTHER VIOLATIONS**

**(6) ALL HAND SINK SHALL BE PROPERLY SUPPLIED AND UN-OBSTRUCTED AT ALL TIMES. FRONT HAND SINK HAD TRASH CAN IN FRONT OF IT.**

**(36) CHAIN ALL PRESSURIZED CYLINDERS TO AN IMMOBILE SURFACE. OBSERVED CO2 WITH CHAIN DRAPED OVER CYLINDERS.**

Received By: X [Signature] REHS: ANDREW PERRY