

**FOOD FACILITY INSPECTION REPORT**  
**GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT**

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

Name of Facility/ DBA: <u>BURBA'S PLACE</u>		Inspection Date: <u>5/30/17</u>	
Address: <u>222 WEST WALNUT, WILLOWS, CA 95988</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>SHAWN WRIGHT &amp; JULIE KATH</u>	Phone No.:	Inspection Time: <u>3:00</u>	Permit Exp. Date:
Certified Food Handler: MGR <u>SHAWN WRIGHT</u>		Certificate Expiration Date: <u>8/30/21</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 (See reverse side of sheet for summary)</u>			

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
<u>In</u>		1. Demonstration of knowledge				24. Person in charge present and performs duties		
<u>In</u>		2. Communicable disease restrictions				25. Personal cleanliness and hair restraints		
<u>In</u>	<u>N/O</u>	3. Discharge of eyes, nose, mouth				26. Approved thawing methods used		
<u>In</u>	<u>N/O</u>	4. Eating, tasting, drinking, tobacco use				27. Food separated and protected		
<u>In</u>	<u>N/O</u>	5. Hands clean & properly washed, glove use				28. Washing fruits and vegetables		
<u>In</u>		6. Handwashing facilities available				29. Toxic substances properly identified, stored and used		
<u>In</u>	<u>N/A</u>	7. Proper hot and cold food holding temps				30. Food storage, 31. Self service, 32. Labeled		
<u>In</u>	<u>N/A</u>	8. Time as a public health control, records				33. Nonfood contact surfaces clean		
<u>In</u>	<u>N/A</u>	9. Proper cooling methods				34. Warewashing facilities maintained, test strips		
<u>In</u>	<u>N/A</u>	10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair		<u>X</u>
<u>In</u>	<u>N/A</u>	11. Reheating temperature for hot holding				36. Equipment, utensils and linens, storage and use		<u>X</u>
<u>In</u>	<u>N/A</u>	12. Returned and reservice of food				37. Vending Machines		
<u>In</u>		13. Food safe and unadulterated				38. Adequate ventilation and lighting		
<u>In</u>	<u>N/A</u>	14. Food contact surfaces clean and sanitized				39. Thermometers provided and accurate		
<u>In</u>		15. Food from approved source				40. Wiping cloths properly used and stored		
<u>In</u>	<u>N/A</u>	16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention		
<u>In</u>	<u>N/A</u>	18. Compliance with HACCP plan				42. Garbage properly disposed; facilities maintained		
<u>In</u>	<u>N/A</u>	19. Advisory for raw/undercooked food				43. Toilet facilities supplied, properly constructed, clean		
<u>In</u>	<u>N/A</u>	20. Health care/ School prohibited food				44. Premises clean, vermin proof; personal items separate		
<u>In</u>		21. Hot & cold water. Temp: <u>120<sup>+</sup>°F</u>				45. Floors, walls and ceilings maintained and clean		
<u>In</u>		22. Wastewater properly disposed				46. No unapproved living or sleeping quarters		
<u>In</u>		23. No rodents, insects, birds, animals				47. Signs posted; Permit & inspection report available		
						48. Plan Review Required	<u>X</u>	

No PHF [ ]					
°F	Food	Location	°F	Food	Location
<u>38</u>	<u>RAW HAMBURGER</u>	<u>BELOW PREP COOLER</u>			
<u>41</u>	<u>POTATO SALAD</u>	<u>ATOP SINKS PREP COOLER</u>			
<u>41</u>	<u>WHIP CREAM</u>	<u>CHEST COOLER (BAR)</u>			
<u>38</u>	<u>HALF of HALF</u>	<u>3-DOOR TRUE FREEZER</u>			

Comments:  
- NO CRITICAL VIOLATIONS  
CORRECT THE FOLLOWING:  
(35) CLEAN & SANITIZE THE INSIDE OF THE ICE MACHINE. IT WAS A LITTLE MOLDY.  
(35) ALL APPLIANCES SHALL BE OF COMMERCIAL GRADE I N.S.F. APPROVED, DURABLE & HEALTH DEPT. APPROVED. REPLACE OR REMOVE NON-COMMERCIAL APPLIANCES: →

Received By: <u>Glenn Kahl</u>	REHS: <u>Andrew Poy</u>
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OFFICIAL INSPECTION REPORT

Continuation Sheet

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

257 North Villa Avenue, Willows, CA 95988  
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Name of Facility/ DBA: <u>KURBA'S PLACE</u>	Inspection Date: <u>5/30/17</u>
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Owner/Permitee: <u>PAGE 2</u>	

Comments:

CORRECT THE FOLLOWING:

1) WHITE G.E. CHEST FREEZER

2) WHITE SHARP CAROUSEL MICRO WAVE

3) ALL PRESSURIZED CYLINDERS MUST BE SECURED TO AN IMMOBILE SURFACE. OBSERVED A CO<sub>2</sub> CANISTER THAT WASN'T SECURED.

4) PREP COOLER (SILVER) WITH DELI MEATS ETC. MUST BE PLAN CHECKED & APPROVED BY G.C.E.H. MAKE APPLICATION & PROVIDE SPEC. SHEETS FOR APPLIANCE. FLOORING, COVING, WALLS IN PROXIMITY TO COOLER MUST BE UP TO CODE.

Received By:

Julie Kahl

REHS:

Andrew Perry