

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>Willows Shell</u>		Inspection Date: <u>9/21/16</u>	
Address: <u>1300 W. Wood St., Willows, CA</u>		Reinspection/Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee:	Phone No.:	Inspection Time: <u>10:30</u>	Permit Exp. Date:
Certified Food Handler: <u>PRE PACKAGED FOOD</u>		Certificate Expiration Date: <u> </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			
In									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		X
In	N/A	N/O							30. Food storage, 31. Self service, 32. Labeled		
In	N/A								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		X
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		
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; personal items separate		
In							X		45. Floors, walls and ceilings maintained and clean		
In									46. No unapproved living or sleeping quarters		
In									47. Signs posted; Permit & inspection report available		
									48. Plan Review Required		

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

Comments:

VIOLATIONS:

(6) HANDWASH SINK SHALL BE AVAILABLE FOR USE AND SUPPLIED WITH HAND TOWELS (OR DRYER) AND SOAP AT ALL TIMES. N SINK LACKED HAND TOWELS OR FUNCTIONING DRYER.

(21) HOT WATER OF AT LEAST 120°F MUST BE PROVIDED AT THE THREE COMPARTMENT SINK.

(29) SEPERATE ALL CLEANERS, TOXICS, MEDICINE ETC. AWAY FROM

Received By: <u>X</u> <u> </u>	REHS: <u>Andrew</u> <u> </u>
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Continuation Sheet

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Comments:

VIOLATIONS (CONT.)

- 29 ANY FOOD SERVED TO THE PUBLIC.
- 35 CLEAN/SANITIZE THE ICE SCOOP ON A REGULAR BASIS.
- 35 CLEAN/SANITIZE THE ICE SCOOP STORAGE BUCKET REGULARLY AS WELL.
- 35 CLEAN & SANITIZE THE INSIDE OF THE ICE MACHINE ON A REGULAR BASIS.
- 35 REPLACE ALL NON-COMMERCIAL APPLIANCES WITH COMMERCIAL GRADE, N.S.F. APPROVED MODELS WHEN THEY NO LONGER HOLD TEMP OR FALL INTO DIS-REPAIR (BLACK AVANTI M-WAVE)
- 35 REMOVE CARD BOARD FROM WALK-IN SHELVING.

Received By:

REHS:

Andrew Peryo