

**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: <b>STARBUCKS #452</b>		Inspection Date: <b>1/12/16</b>	
Address: <b>505 N. HUMBOLDT. AVE, WILLOWS, CA 95988</b>		Reinspection Date (on or after): <b>NEXT INSPECTION</b> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <b>STARBUCKS COFFEE COMPANY</b>	Phone No.: <b>934-3844</b>	Inspection Time: <b>2:30</b>	Permit Exp. Date:
Certified Food Handler: <b>JEANNETTE J ROSALES</b>		Certificate Expiration Date: <b>3/17/16</b> <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									
<input checked="" type="checkbox"/>													24. Person in charge present and performs duties							
<input checked="" type="checkbox"/>													25. Personal cleanliness and hair restraints							
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	N/O										26. Approved thawing methods used							
<input checked="" type="checkbox"/>			N/O										27. Food separated and protected							
<input checked="" type="checkbox"/>			N/O										28. Washing fruits and vegetables							
<input checked="" type="checkbox"/>													29. Toxic substances properly identified, stored and used							
<input checked="" type="checkbox"/>	N/A		N/O										30. Food storage, 31. Self service, 32. Labeled							
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	N/A										33. Nonfood contact surfaces clean							
<input checked="" type="checkbox"/>			N/A	<input checked="" type="checkbox"/>									34. Warewashing facilities maintained, test strips							
<input checked="" type="checkbox"/>	N/A		N/O										35. Equipment, utensils, approved, clean good repair							
<input checked="" type="checkbox"/>			N/A	<input checked="" type="checkbox"/>									36. Equipment, utensils and linens, storage and use							
<input checked="" type="checkbox"/>			N/A	<input checked="" type="checkbox"/>									37. Vending Machines							
<input checked="" type="checkbox"/>													38. Adequate ventilation and lighting							
<input checked="" type="checkbox"/>	N/A		N/O										39. Thermometers provided and accurate							
<input checked="" type="checkbox"/>													40. Wiping cloths properly used and stored			X				
<input checked="" type="checkbox"/>	N/A		N/O										41. Plumbing, proper backflow prevention			X				
<input checked="" type="checkbox"/>			N/A	N/O									42. Garbage properly disposed; facilities maintained							
<input checked="" type="checkbox"/>			N/A	N/O									43. Toilet facilities supplied, properly constructed, clean			<del>NA</del> (AP)				
<input checked="" type="checkbox"/>			N/A										44. Premises clean, vermin proof; personal items separate							
<input checked="" type="checkbox"/>										X			45. Floors, walls and ceilings maintained and clean							
<input checked="" type="checkbox"/>													46. No unapproved living or sleeping quarters							
<input checked="" type="checkbox"/>													47. Signs posted; Permit & inspection report available							
<input checked="" type="checkbox"/>													48. Plan Review Required							

No PHF [ ]

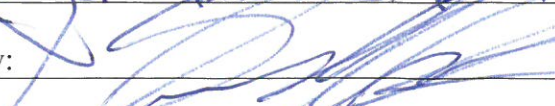
°F	Food	Location	°F	Food	Location
41	MILK	UNDER COUNTER DELFIELD	40	CHICKEN WRAP	REFRIG DISPLAY CASE
41	SMOOTHIE BASE	UNDER COUNTER DELFIELD			
41	HARD BOILED EGG	INSIDE TRUE FRIDGE			
39	MILK	BACK 2-DOOR TRUE FRIDGE			

Comments:  
 - NO CRITICAL VIOLATIONS

CORRECT THE FOLLOWING:

②1 MAINTAIN WARM WATER OF AT LEAST 100°F AT ALL HAND WASH SINKS. THE FRONT SINK WAS ONLY ABLE TO GET TO 80°F AFTER 2 MIN.

④0 MAINTAIN PROPER CONCENTRATION OF SANITIZER IN WIPING RAG STORAGE BUCKETS. (200 PPM QUAT. AMMONIUM OR 100 PPM CHLORINE)

Received By:  REHS: ANDREW PETYO →

OFFICIAL INSPECTION REPORT

Continuation Sheet

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Comments: CORRECT THE FOLLOWING (CONT.):

40 FRONT SANITIZER BUCKET MEASURED NON-DETECT FOR SANITIZER

41 PROVIDE A SUITABLE GRATE OR COVER FOR EXPOSED FLOOR DRAIN IN THE SERVER WALKWAY SO THAT IT IS NOT A SLIP/TRIP HAZARD.

Received By: 	REHS: <u>ANDREW PERRY</u>
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