

**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: <i>Bia Bahuna Frozen Yogurt</i>		Inspection Date: <i>11/14/19</i>
Address: <i>156 E. Walker St, Orland, CA 95963</i>		Reinspection Date (on or after): <i>Next Inspection</i> <small>(Reinspections are subject to fees)</small>
Owner/Permittee: <i>Rocel Torres</i>	Phone No.: <i>(916) 799-4790</i>	Inspection Time: <i>4:00 pm</i>
Certified Food Handler: <i>- None current -</i>	Permit Exp. Date:  Certificate Expiration Date: <small>(Certificate expires five years after it is issued)</small>	
Service: <input type="checkbox"/> Routine Inspection <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Construction/Pre-opening <input type="checkbox"/> Other:		
Applicable Law <i>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 11700, 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	
		<b>Critical Risk Factors for Disease</b>		Maj	Out	COS				Out	COS
In		1. Demonstration of knowledge						24. Person in charge present and performs duties			
In		2. Communicable disease restrictions						25. Personal cleanliness and hair restraints			
In	N/O	3. Discharge of eyes, nose, mouth						26. Approved thawing methods used			
In	N/O	4. Eating, tasting, drinking, tobacco use						27. Food separated and protected			
In	N/O	5. Hands clean & properly washed, glove use						28. Washing fruits and vegetables			
In		6. Handwashing facilities available						29. Toxic substances properly identified, stored and used			
In	N/A	N/O	7. Proper hot and cold food holding temps					30. Food storage, 31. Self service, 32. Labeled			
In	N/A		8. Time as a public health control, records					33. Nonfood contact surfaces clean			
In	N/A	N/O	9. Proper cooling methods					34. Warewashing facilities maintained, test strips			
In	N/A	N/O	10. Proper cooking time and temps					35. Equipment, utensils, approved, clean good repair			
In	N/A	N/O	11. Reheating temperature for hot holding					36. Equipment, utensils and linens, storage and use			
In	N/A	N/O	12. Returned and reservice of food					37. Vending Machines			
In			13. Food safe and unadulterated					38. Adequate ventilation and lighting			
In	N/A	N/O	14. Food contact surfaces clean and sanitized					39. Thermometers provided and accurate			
In			15. Food from approved source					40. Wiping cloths properly used and stored			
In	N/A	N/O	16. Shell stock tags, 17. Gulf Oyster regs					41. Plumbing, proper backflow prevention			
In	N/A	N/O	18. Compliance with HACCP plan					42. Garbage properly disposed; facilities maintained			
In	N/A	N/O	19. Advisory for raw/undercooked food					43. Toilet facilities supplied, properly constructed, clean			X
In	N/A		20. Health care/ School prohibited food					44. Premises clean, vermin proof; personal items separate			
In			21. Hot & cold water. Temp: <i>120</i> °F					45. Floors, walls and ceilings maintained and clean			
In			22. Wastewater properly disposed					46. No unapproved living or sleeping quarters			
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
<i>43</i>	<i>Ambient Temp</i>	<i>2-Dow Locks</i>			

Comments:  
*Correct the following:*  
 - Provide self-closing device on restroom door.  
 \* Facility is approved to open once a public health permit has been obtained.

Received By: *[Signature]* REHS: *John H. Wells*