

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: MCDONALDS		Inspection Date: 11/30/20	
Address: 1401 W. WOOD STREET, WILLOWS		Reinspection Date (on or after): NEXT INSPECTION <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: MARK BURLINGTON	Phone No.:	Inspection Time: 2:00 PM	Permit Exp. Date:
Certified Food Handler: MGR. - CHECK AT FIRST INSPECTION		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 CALIFORNIA RETAIL FOOD CODE ("CalCode) , Beginning with section 115700, California Health and Safety Code (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	
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	N/O				26. Approved thawing methods used				
In	N/O	4. Eating, tasting, drinking, tobacco use	N/O				27. Food separated and protected				
In	N/O	5. Hands clean & properly washed, glove use	N/O				28. Washing fruits and vegetables				
In		6. Handwashing facilities available					29. Toxic substances properly identified, stored and used				
In	N/A	7. Proper hot and cold food holding temps	N/O				30. Food storage, 31. Self service, 32. Labeled				
In	N/A	8. Time as a public health control, records	N/O				33. Nonfood contact surfaces clean				
In	N/A	9. Proper cooling methods	N/O				34. Warewashing facilities maintained, test strips				
In	N/A	10. Proper cooking time and temps	N/O				35. Equipment, utensils, approved, clean good repair				
In	N/A	11. Reheating temperature for hot holding	N/O				36. Equipment, utensils and linens, storage and use				
In	N/A	12. Returned and reservice of food	N/O				37. Vending Machines				
In		13. Food safe and unadulterated					38. Adequate ventilation and lighting				
In	N/A	14. Food contact surfaces clean and sanitized	N/O				39. Thermometers provided and accurate				
In		15. Food from approved source					40. Wiping cloths properly used and stored				
In	N/A	16. Shell stock tags, 17. Gulf Oyster regs	N/O				41. Plumbing, proper backflow prevention				
In	N/A	18. Compliance with HACCP plan	N/O				42. Garbage properly disposed; facilities maintained				
In	N/A	19. Advisory for raw/undercooked food	N/O				43. Toilet facilities supplied, properly constructed, clean				
In	N/A	20. Health care/ School prohibited food	N/O				44. Premises clean, vermin proof; personal items separate				
In		21. Hot & cold water. Temp: _____ °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

Comments: CONSTRUCTION/PRE-OPENING:

① REPAIR/REPLACE THE TILE COVING INSIDE THE WALK-IN REFRIGERATOR. OBSERVED THE COVING COMING OFF OF THE WALL.

* FACILITY IS APPROVED TO OPEN ON THE ABOVE DATE AND TIME. THIS DOCUMENT WILL SERVE AS A TEMPORARY PERMIT UNTIL THE PERMANENT PERMIT CAN BE MAILED.

Received By: [Signature] REHS: ANDREW PETYO