

# FOOD FACILITY INSPECTION REPORT

## GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

225 N. Tehama Street, Willows, CA 95988  
Phone (530) 934-6102 FAX (530) 934-6103

Name of Facility/ DBA: <b>BIG KAHUNA FROZEN YOGURT</b>		Inspection Date: <b>2/15/23</b>	
Address: <b>156 E. WALKER ST., ORLAND, 95963</b>		Reinspection Date (on or after): <del>#</del> <b>4/15/23</b> <small>(Reinspection is subject to fees)</small>	
Owner/Permittee: <b>ROEL TORRES</b>	Phone No.:	Inspection Time: <b>3:00</b>	Permit Exp. Date:
Certified Food Handler: <b>- NONE CURRENT</b>		Certificate Expiration Date: <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 <b>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code (See reverse side of sheet for summary)</b>			

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		X	X		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	X	
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 reserve 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		
In	N/A		20. Health care/ School prohibited food					44.	Premises clean, vermin proof; personal items separate		
In			21. Hot & cold water. Temp: <b>120</b> °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
35	HAM	2- DOOR TRAY			
36	WHIPPED CREAM	2- DOOR TRAY			

**Comments:**

\*CRITICAL VIOLATION\*

① MAINTAIN ALL FOOD SAFETY CERTIFICATIONS. OBTAIN FOOD SAFETY MANAGER CERT. WITHIN 60 DAYS. COMPLIANCE DATE ⇒ 4/15/23.

③ STORE ALL EMPLOYEE FOOD IN A DESIGNATED & SEPARATE AREA FROM OTHER FOOD SERVED TO THE PUBLIC. OBSERVED HAM IN WITH FROZEN YOGURT PRODUCT.

Received By:

*[Handwritten Signature]*

REHS:

*[Handwritten Signature]*