

FOOD FACILITY INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

247 North Villa Avenue, Willows, CA 95988
Phone (530) 934-6102 FAX (530) 934-6103

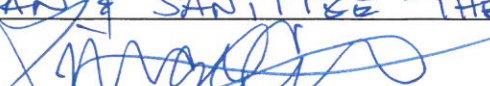
Page 1 of _____

Name of Facility/ DBA: HOLIDAY INN EXPRESS		Inspection Date: 4/2/19	
Address: 545 N. HUMBOLDT AVE, Willows, CA		Reinspection Date (on or after): NEXT INSPECTION <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: PAWAN (ROGER KUMAR)	Phone No.: 916-203-1562	Inspection Time: 8:30	Permit Exp. Date:
Certified Food Handler: - NONE CURRENT		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 CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, 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							X		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									29. Toxic substances properly identified, stored and used		
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		
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								44. Premises clean, vermin proof; personal items separate		X
In									45. Floors, walls and ceilings maintained and clean		X
In									46. No unapproved living or sleeping quarters		
In									47. Signs posted; Permit & inspection report available		
In									48. Plan Review Required		

No PHF []					
°F	Food	Location	°F	Food	Location
40	CREAM CHEESE	MAXX COLD FRIDGE			
148	SANSAGE GRAVY	HOT HOLDING CABINET			
37	Milk	SMALL SINGLE DOOR BLACK FRIDGE			

Comments:
- NO CRITICAL VIOLATIONS
OTHER VIOLATIONS
 (1) OBTAIN A FOOD SAFETY MANAGER CERT. THE CERT WAS MISSING AND COULD NOT BE PRESENTED DURING INSPECTION COMPLIANCE DATE => 6/2/19
 (44) REMOVE OR REPAIR THE BROKEN CONVECTION OVEN.
 (45) CLEAN & SANITIZE THE WALLS IN THE KITCHEN AREA.

Received By:  REHS: **ANDREW KEYO**