

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: YUM YUM ICE CREAM SHOP | | Inspection Date: 7/25/22 | |
| Address: 204 WEST WALNUT ST, WILLOWS, CA | | Reinspection Date (on or after): NEXT INSPECTION <small>(Reinspections are subject to fees)</small> | |
| Owner/Permitee: DANIEL VELAZQUEZ | Phone No.: | Inspection Time: 3:00 | Permit Exp. Date: |
| Certified Food Handler: OBTAIN WITHIN 60 DAYS. | | 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 11700, 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 | | | | | 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 | N/O | 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 | | X |
| 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 | N/O | 20. | Health care/ School prohibited food | | | | 44. | Premises clean, vermin proof; personal items separate | | |
| In | | 21. | Hot & cold water. Temp: 120°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 [] *NO TEMPS TAKEN AT CONSTRUCTION INSPECTION | | | | | |
|--|------|----------|----|------|----------|
| °F | Food | Location | °F | Food | Location |
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Comments:

**** THE FOOD FACILITY MAY OPEN ONCE PERMIT APPLICATION AND FEE HAVE BEEN RECEIVED BY GLENN COUNTY ENV. HEALTH. THIS DOCUMENT WILL ACT AS TEMP. FOOD PERMIT UNTIL PERMANENT ONE CAN BE MAILED.**

(41) INSTALL A B.F.P. ON THE BACK MOP SINK.

Received By: **X** *Febian Velazquez* REHS: **Andrew Petro**