

FOOD FACILITY INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

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

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Name of Facility/ DBA: DONUT WHEEL OF WILLOWS		Inspection Date: 9/22/22	
Address: 408 PACIFIC AVE, WILLOWS		Reinspection Date (on or after): NEXT INSPECTION <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: KOLAP R. LENG	Phone No.:	Inspection Time: 9:00	Permit Exp. Date:
Certified Food Handler: KOLAP LENG		Certificate Expiration Date: 2/10/24 <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
<input checked="" type="checkbox"/>	In			1. Demonstration of knowledge							
<input checked="" type="checkbox"/>	In			2. Communicable disease restrictions							
<input checked="" type="checkbox"/>	In	N/O		3. Discharge of eyes, nose, mouth							
<input checked="" type="checkbox"/>	In	N/O		4. Eating, tasting, drinking, tobacco use							
<input checked="" type="checkbox"/>	In	N/O		5. Hands clean & properly washed, glove use							
<input checked="" type="checkbox"/>	In			6. Handwashing facilities available							
<input checked="" type="checkbox"/>	In	N/A	N/O	7. Proper hot and cold food holding temps							
<input checked="" type="checkbox"/>	In	N/A		8. Time as a public health control, records							
<input checked="" type="checkbox"/>	In	N/A	N/O	9. Proper cooling methods							
<input checked="" type="checkbox"/>	In	N/A	N/O	10. Proper cooking time and temps							
<input checked="" type="checkbox"/>	In	N/A	N/O	11. Reheating temperature for hot holding							
<input checked="" type="checkbox"/>	In	N/A	N/O	12. Returned and reservice of food							
<input checked="" type="checkbox"/>	In			13. Food safe and unadulterated							
<input checked="" type="checkbox"/>	In	N/A	N/O	14. Food contact surfaces clean and sanitized							
<input checked="" type="checkbox"/>	In			15. Food from approved source							
<input checked="" type="checkbox"/>	In	N/A	N/O	16. Shell stock tags, 17. Gulf Oyster regs							
<input checked="" type="checkbox"/>	In	N/A	N/O	18. Compliance with HACCP plan							
<input checked="" type="checkbox"/>	In	N/A	N/O	19. Advisory for raw/undercooked food							
<input checked="" type="checkbox"/>	In	N/A		20. Health care/ School prohibited food							
<input checked="" type="checkbox"/>	In			21. Hot & cold water. Temp: 120+ °F							
<input checked="" type="checkbox"/>	In			22. Wastewater properly disposed							
<input checked="" type="checkbox"/>	In			23. No rodents, insects, birds, animals							
				24. Person in charge present and performs duties							
				25. Personal cleanliness and hair restraints							
				26. Approved thawing methods used							
				27. Food separated and protected							
				28. Washing fruits and vegetables							
				29. Toxic substances properly identified, stored and used							
				30. Food storage, 31. Self service, 32. Labeled							
				33. Nonfood contact surfaces clean							
				34. Warewashing facilities maintained, test strips							
				35. Equipment, utensils, approved, clean good repair							X
				36. Equipment, utensils and linens, storage and use							
				37. Vending Machines							
				38. Adequate ventilation and lighting							
				39. Thermometers provided and accurate							
				40. Wiping cloths properly used and stored							
				41. Plumbing, proper backflow prevention							
				42. Garbage properly disposed; facilities maintained							
				43. Toilet facilities supplied, properly constructed, clean							
				44. Premises clean, vermin proof; personal items separate							
				45. Floors, walls and ceilings maintained and clean							
				46. No unapproved living or sleeping quarters							
				47. Signs posted; Permit & inspection report available							
				48. Plan Review Required							

No PHF []					
°F	Food	Location	°F	Food	Location
35	EGGS	ATOSA FRIDGE			
32	CREAMER	2 DOOR DISPLAY U-STAR FRIDGE			

Comments: CORRECT THE FOLLOWING!

(35) CLEAN & SANITIZE ALL APPLIANCES, ESPECIALLY THE HANDLES & ANYWHERE PEOPLE PLACE THEIR HANDS.

Received By: REHS: