

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: <u>Burger King</u>		Inspection Date: <u>9/7/21</u>
Address: <u>901 Newville Rd, Oland, CA 95963</u>		Reinspection Date (on or after): <u>Next Inspection</u> <small>(Reinspections are subject to fees)</small>
Owner/Permitee: <u>NorCal Fast Food, Inc.</u>	Phone No.: <u>865-9025</u>	Inspection Time: <u>3:40 pm</u> Permit Exp. Date:
Certified Food Handler: <u>Kelsey Spencer</u>		Certificate Expiration Date: <u>3/3/25</u> <small>(Certificate expires five years after it is issued)</small>
Service: <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Reinspection <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Construction/Pre-opening <input type="checkbox"/> Other:		
Applicable Law <u>CALIFORNIA RETAIL FOOD CODE ("CalCode"), Beginning with section 113700, California Health and Safety Code</u> (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
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	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 reservice 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: °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		X	47. Signs posted; Permit & inspection report available
					48. Plan Review Required

No PHF []					
°F	Food	Location	°F	Food	Location

Comments:

23) Eliminate flies using safe, legal, and effective methods. Observed 4+ flies in facility.

Received By: X Kelsey Spencer REHS: John H. Wells