

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: <i>Billy & Emily's Donuts</i>		Inspection Date: <i>4/20/17</i>	
Address: <i>55 E. Walker St, Orland, CA 95963</i>		Reinspection Date (on or after): <i>Next Inspection</i> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <i>Kao Lim</i>	Phone No.: <i>865-4324</i>	Inspection Time: <i>9:10 am</i>	Permit Exp. Date:
Certified Food Handler: <i>Kelly Lane</i>		Certificate Expiration Date: <i>3/31/20</i> <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 <i>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code (See reverse side of sheet for summary)</i>			

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			
<input checked="" type="checkbox"/> In		1. Demonstration of knowledge				24. Person in charge present and performs duties		
<input checked="" type="checkbox"/> In		2. Communicable disease restrictions				25. Personal cleanliness and hair restraints		
<input checked="" type="checkbox"/> In	N/O	3. Discharge of eyes, nose, mouth				26. Approved thawing methods used		
<input checked="" type="checkbox"/> In	N/O	4. Eating, tasting, drinking, tobacco use				27. Food separated and protected		
<input checked="" type="checkbox"/> In	N/O	5. Hands clean & properly washed, glove use				28. Washing fruits and vegetables		
<input checked="" type="checkbox"/> In		6. Handwashing facilities available		X	X	29. Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> In	N/A	7. Proper hot and cold food holding temps				30. Food storage, 31. Self service, 32. Labeled		
<input checked="" type="checkbox"/> In	N/A	8. Time as a public health control, records				33. Nonfood contact surfaces clean		
<input checked="" type="checkbox"/> In	N/A	9. Proper cooling methods				34. Warewashing facilities maintained, test strips		
<input checked="" type="checkbox"/> In	N/A	10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair		X
<input checked="" type="checkbox"/> In	N/A	11. Reheating temperature for hot holding				36. Equipment, utensils and linens, storage and use		
<input checked="" type="checkbox"/> In	N/A	12. Returned and reservice of food				37. Vending Machines		
<input checked="" type="checkbox"/> In		13. Food safe and unadulterated				38. Adequate ventilation and lighting		
<input checked="" type="checkbox"/> In	N/A	14. Food contact surfaces clean and sanitized				39. Thermometers provided and accurate		
<input checked="" type="checkbox"/> In		15. Food from approved source				40. Wiping cloths properly used and stored		
<input checked="" type="checkbox"/> In	N/A	16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention		
<input checked="" type="checkbox"/> In	N/A	18. Compliance with HACCP plan				42. Garbage properly disposed; facilities maintained		
<input checked="" type="checkbox"/> In	N/A	19. Advisory for raw/undercooked food				43. Toilet facilities supplied, properly constructed, clean		
<input checked="" type="checkbox"/> In	N/A	20. Health care/ School prohibited food				44. Premises clean, vermin proof; personal items separate		
<input checked="" type="checkbox"/> In		21. Hot & cold water. Temp: °F		X		45. Floors, walls and ceilings maintained and clean		X
<input checked="" type="checkbox"/> In		22. Wastewater properly disposed				46. No unapproved living or sleeping quarters		
<input checked="" type="checkbox"/> 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
	41 Eggs	1-Door cooler			
	41 Milk	2-Door Beverage cooler			

** Correct the following*

1) Provide towels from dispenser at handwash station at utensil sink

Comments:

2) ~~cease placing dirty cups in front area handwash sink~~ OK

3) Provide hot water at 120°F at all times. Measured 110°F after washing utensils.

4) Replace broken flour scoop.

5) Clean grease from floor/wall behind fryer.

6) Resurface wall at shelf above 3-compartment sink

Received By: *Kelly Lane* REHS: *John H. Wells*