

FOOD FACILITY INSPECTION REPORT
GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT


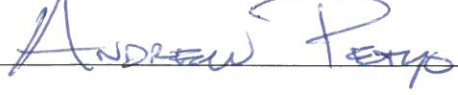
247 North Villa Avenue, Willows, CA 95988
 Phone (530) 934-6102 FAX (530) 934-6103

Name of Facility/ DBA: <u>KENTUCKY FRIED CHICKEN</u>		Inspection Date: <u>4/27/17</u>	
Address: <u>226 N. HUMBOLDT AVE, WILLOWS, CA</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permitee: <u>HANK APODACA</u>	Phone No.:	Inspection Time: <u>3:30</u>	Permit Exp. Date:
Certified Food Handler: <u>CARMEN APODACA</u>		Certificate Expiration Date: <u>12/13/18</u> <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 <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			
<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	<input checked="" type="checkbox"/> N/O	3. Discharge of eyes, nose, mouth				26. Approved thawing methods used		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/O	4. Eating, tasting, drinking, tobacco use				27. Food separated and protected		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/O	5. Hands clean & properly washed, glove use				28. Washing fruits and vegetables		
<input checked="" type="checkbox"/> In		6. Handwashing facilities available				29. Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	7. Proper hot and cold food holding temps				30. Food storage, 31. Self service, 32. Labeled		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	8. Time as a public health control, records				33. Nonfood contact surfaces clean		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	9. Proper cooling methods				34. Warewashing facilities maintained, test strips		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair		<input checked="" type="checkbox"/> X
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	11. Reheating temperature for hot holding				36. Equipment, utensils and linens, storage and use		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> N/A	16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	18. Compliance with HACCP plan				42. Garbage properly disposed; facilities maintained		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	19. Advisory for raw/undercooked food				43. Toilet facilities supplied, properly constructed, clean		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> 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: <u>104</u> °F		<input checked="" type="checkbox"/> X		45. Floors, walls and ceilings maintained and clean		<input checked="" type="checkbox"/> 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
174	CHICKEN WINGS	WARMING TRAY	160	CHICKEN	HOT HOLDING CABINET
135	GRAVY	ATOP S. TABLE	36	RAW CHICKEN	WALK-IN FRIDGE
161	BEANS	WARMING CABINET	36	MAC 'N CHEESE	WALK-IN FRIDGE
40	COLE SLAW	UNDER COUNTER FRIDGE			

Comments:
 -NO CRITICAL VIOLATIONS
 **FACILITY IS CLEAN & WELL MAINTAINED
OTHER VIOLATIONS:
 (2) FACILITY HOT WATER MUST BE MAINTAINED AT 120°F AT THE 3-COMPARTMENT SINK & PREP SINKS & ALL HAND SINK SHALL BE 100°F OR ABOVE. ALL SINKS ON THE SOUTH SIDE OF THE LINE HAD SOME ISSUES GETTING HOT OR WARM WATER. AT THE PREP SINK THE

Received By:  REHS: ANDREW PERRY 

OFFICIAL INSPECTION REPORT

Continuation Sheet

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Comments:

OTHER VIOLATIONS (CONT.)

- 21 WATER WOULD GET WARM THEN STAY COLD FOR 1-2 MIN THEN WARM UP AGAIN, BUT NOT TO REQ'D TEMP. THIS OCCURED AT BOTH HAND WASH SINK & 3-COMP SINK AS WELL. THESE SINKS MUST REACH REQ'D TEMP WITHIN A REASONABLE AMOUNT OF TIME (i.e. 30 SEC).
- 35 CLEAN & SANITIZE ALL THE BEVERAGE DISPENSERS ON A REGULAR BASIS. V BOTH DISPENSERS HAD MOLDY SPIGOTS.
- 45 CLEAN/SANITIZE FLOOR AND COVING, BEHIND & UNDER APPLIANCES. SOME AREAS WERE A BIT GRIMY.

Received By:

REHS: