

# FOOD FACILITY INSPECTION REPORT

## GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

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

|  |            |  |                   |
|--|------------|--|-------------------|
| Name of Facility/ DBA:<br><u>WALMART</u>   |            | Inspection Date:<br><u>5/28/13</u>   |                   |
| Address:<br><u>470 N. AIRPORT RD., WILLOWS, CA 95988</u>   |            | Reinspection Date (on or after):<br><u>NEXT INSPECTION</u><br><small>(Reinspections are subject to fees)</small>     |                   |
| Owner/Permittee:<br><u>WALMART</u>   | Phone No.: | Inspection Time:<br><u>11:00</u>   | Permit Exp. Date: |
| Certified Food Handler:<br><u>ROBERT S. HASKINS</u><br><u>NOT ONSITE (FAX TO OFFICE)</u>   |            | Certificate Expiration Date:<br><u>9/16/15</u><br><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 |                               |   |  |                         |   |  |  |  |  |
| 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        |  |                         | X |  |  |  |  |
| 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                    |  |                         | 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 |     | 20. Health care/ School prohibited food       |  |  |                    |  |  |                       |     |     |                               | 44. Premises clean, vermin proof; personal items separate   |  |                         |   |  |  |  |  |
| In                                |     |     | 21. Hot & cold water Temp: <u>120</u> °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               |
|----|-------------------------|------------------------|----|----------------|------------------------|
| 47 | GENERALS CHICKEN (DELI) | STEAM TABLE DELI       | 37 | MILK (UN-OPEN) | MILK DISPLAY FRIDGE    |
| 37 | FETA CHEESE             | WALK-IN FRIDGE         | 41 | MELON          | PRODUCE DISPLAY FRIDGE |
| 27 | TURKEY                  | DELI MEAT DISPLAY CASE | 39 | POTATO SALAD   | " " "                  |
| 37 | TUNA SALAD              | DELI DISPLAY CASE      |    |                |                        |
| 41 | Comments: CREAM CHEESE  | BAKERY DISPLAY CASE    |    |                |                        |
| 37 | NEW YORK STEAK          | MEAT DISPLAY CASE      |    |                |                        |
| 39 | CHICKEN                 | MEAT DISPLAY FRIDGE    |    |                |                        |
| 39 | EGGS                    | EGG DISPLAY FRIDGE     |    |                |                        |

-NO CRITICAL VIOLATIONS:

\*\* FACILITY IS CLEAN & WELL MAINTAINED \*\*

⇒ SEE PAGE #2 FOR OTHER VIOLATIONS ⇒

|                               |                              |
|-------------------------------|------------------------------|
| Received By: <u>Paul Hark</u> | REHS: <u>Andrew A. Petyo</u> |
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OFFICIAL INSPECTION REPORT

Continuation Sheet

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| Owner/Permitee:<br><u>PAGE 2</u>                         |                                    |

Comments:

CORRECT THE FOLLOWING:

(23) KEEP THE FACILITY FREE OF ALL INSECTS, PESTS & RODENTS AT ALL TIMES. OBSERVED A FEW HOUSE FLIES AROUND FACILITY.

(33) REPLACE DOMESTIC MICROWAVE ~~IN~~ IN THE DELI WITH A COMMERCIAL GRADE MICROWAVE. (BLACK HAM. BEACH)

(41) REPAIR FIXTURE AT THE 3. PREP SINK IN THE BAKERY SO THAT IT DOESN'T SPRAY ONTO THE FLOOR.

Received By:

Rachel H.

REHS:

Andrew A. P.