

**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>HAMILTON SHELL &amp; SUBWAY</u>		Inspection Date: <u>6/1/16</u>	
Address: <u>601 6<sup>TH</sup> ST., HAMILTON CITY, CA</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>PRITHVIAL GIL</u>	Phone No.:	Inspection Time: <u>4:00</u>	Permit Exp. Date:
Certified Food Handler: MGR. <u>PRITHVIAL GIL</u>		Certificate Expiration Date: <u>1/9/21</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 (See reverse side of sheet for summary)</u>			

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			
<u>In</u>									24. Person in charge present and performs duties		
<u>In</u>									25. Personal cleanliness and hair restraints		
<u>In</u>	N/O								26. Approved thawing methods used		
<u>In</u>	N/O								27. Food separated and protected		
<u>In</u>	N/O						X		28. Washing fruits and vegetables		
<u>In</u>							X		29. Toxic substances properly identified, stored and used		
<u>In</u>	N/A	N/O							30. Food storage, 31. Self service, 32. Labeled		
<u>In</u>	N/A								33. Nonfood contact surfaces clean		
<u>In</u>	N/A	N/O							34. Warewashing facilities maintained, test strips		
<u>In</u>	N/A	N/O							35. Equipment, utensils, approved, clean good repair		X
<u>In</u>	N/A	N/O							36. Equipment, utensils and linens, storage and use		X
<u>In</u>	N/A	N/O							37. Vending Machines		
<u>In</u>									38. Adequate ventilation and lighting		
<u>In</u>	N/A	N/O							39. Thermometers provided and accurate		
<u>In</u>									40. Wiping cloths properly used and stored		
<u>In</u>	N/A	N/O							41. Plumbing, proper backflow prevention		
<u>In</u>	N/A	N/O							42. Garbage properly disposed; facilities maintained		
<u>In</u>	N/A	N/O							43. Toilet facilities supplied, properly constructed, clean		
<u>In</u>	N/A								44. Premises clean, vermin proof; personal items separate		
<u>In</u>									45. Floors, walls and ceilings maintained and clean		
<u>In</u>									46. No unapproved living or sleeping quarters		
<u>In</u>									47. Signs posted; Permit & inspection report available		
<u>In</u>									48. Plan Review Required		X

No PHF [ ]					
°F	Food	Location	°F	Food	Location
40	(OPEN) MILK	SMALL HOSHIZAKI FRIDGE	41	EGGS	REACH-IN FRIDGE
39	TURKEY	2-DOOR NORLAKE FRIDGE			
139	MEAT BALLS	SOUP WARMER			
40	TUNA	ATOP SANDWICH LINE			

Comments: VIOLATIONS:

5) BEFORE DONNING GLOVES ALL FOOD SERVICE EMPLOYEES MUST WASH HANDS WITH SOAP & WATER. N/OBSERVED EMPLOYEE USING GLOVES BUT NOT WASHING HANDS.

6) ~~BE~~ ALL HANDWASH SINKS SHALL BE SUPPLIED WITH WARM WATER (≥100°F), SOAP & HAND TOWELS. FRONT HAND SINK LACKED PAPER TOWELS.

Received By: [Signature] REHS: ANDREW P. [Signature]

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Continuation Sheet

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Name of Facility/ DBA: Hamilton Steak & Subway	Inspection Date: 6/1/16
Address: PAGE 2	
Owner/Permittee: PAGE 2	
Applicable Law CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code	

Comments:

VIOLATIONS (CONT.):

35) CLEAN & SANITIZE THE FOLLOWING:

1) THE CAPPUCCINO MACHINE & NOZZLES. MACHINE WAS FILTHY

2) THE SODA NOZZLES ON THE SODA MACHINE. NOZZLES WERE EXTREMELY MOLDY & GRIMY.

36) DISCONTINUE STORING CLEANING UTENSILS IN THE MOP JANITORIAL SINK. OBSERVED COFFEE DISPENSER & STRAINER IN MOP SINK.

48) A PLAN CHECK/REVIEW IS REQUIRED FOR ICE CREAM EQUIPMENT & PIZZA OPERATION. APPLY AT G.C.E.H & SUBMIT PAPERWORK.

Received By:

[Signature]

REHS:

[Signature]