

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>DOUBLE EE MARKET</u> | | Inspection Date: <u>6/27/17</u> | |
| Address: <u>575 SACRAMENTO ST., HAMILTON CITY</u> | | Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small> | |
| Owner/Permittee: <u>GURSWERK SINGH</u> | Phone No.: | Inspection Time: <u>3:30</u> | Permit Exp. Date: |
| Certified Food Handler: <u>GURSWERK SINGH</u> | | Certificate Expiration Date: <u>3/2/22</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 | | | | | | | | | |
| 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 | | X | | | | | |
| 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 | | | | | | | | 47. | Signs posted; Permit & inspection report available | | | | | | | |
| | | | | | | | | | | | | 48. | Plan Review Required | | | | | | | |

| No PHF [] | | | | | |
|------------|----------|------------------------|----|------|----------|
| °F | Food | Location | °F | Food | Location |
| 39 | MILK | REACH-IN FRIDGE | | | |
| 138 | BURRITOS | HOT HOLDING SELF-SERVE | | | |
| | | | | | |
| | | | | | |

Comments:
- NO CRITICAL VIOLATIONS

OTHER VIOLATIONS

(35) F.R.P. INSTALLED ON THE WALL DIRECTLY ADJACENT TO THE ICE MACHINE MUST EXTEND ALONG WALL SUCH THAT THE ICE MACHINE ~~IS~~ IS COMPLETELY SURROUNDED. ALL SEAMS SHALL BE SEALED AND F.R.P SHALL INTERSECT BASE COVING AT FLOOR.

Received By: [Signature] REHS: ANDREW PERZO →

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Continuation Sheet
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| | |
|---|------------------------------------|
| Name of Facility/ DBA: <u>Double E Market</u> | Inspection Date: <u>6/27/17</u> |
| Address: <u>PAGE 2</u> | |
| Owner/Permittee: <u>PAGE 2</u> | |
| Applicable Law CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code | |

Comments: OTHER VIOLATIONS (CONT.)

35 REPLACE NON-COMMERCIAL MICROWAVE WITH COMMERCIAL GRADE, U.S.F. APPROVED MODEL.

35 REPAIR/REPLACE BACK WALK-IN HANDLE. HANDLE APPEARS TO BE FUNCTIONING BUT NEEDS TO BE SECURED TO WOOD.

41 RE-ADJUST DRAIN PLUMBING FROM THE WALK-IN ON THE OUTSIDE OF THE BLDG. SO THAT IT ~~IS~~ FLOWS INTO THE DRAINS.

44 CLEAN-UP ALL JUNK & OLD EQUIPMENT BEHIND THE BUILDING, OBTAIN APPROVAL/PERMITS FOR METAL BLDG. BEHIND STORE AND DO NOT STORE ANY FOOD OR UTENSILS IN THIS BLDG.

Received By: Pij REHS: Andrew Perryo