

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: STARBUCKS #452		Inspection Date: 6/29/17	
Address: 505 N. HUMBOLDT AVE, WILLOWS, CA 95988		Reinspection Date (on or after): NEXT INSPECTION <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: STARBUCKS COFFEE COMPANY	Phone No.: 934-3844	Inspection Time: 3:00	Permit Exp. Date:
Certified Food Handler: ASHLEY NIEHUES		Certificate Expiration Date: 8/17/21 <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		Out	COS
<input checked="" type="checkbox"/>	In								24. Person in charge present and performs duties		
<input checked="" type="checkbox"/>	In								25. Personal cleanliness and hair restraints		
<input type="checkbox"/>	In	<input checked="" type="checkbox"/>	N/O						26. Approved thawing methods used		
<input checked="" type="checkbox"/>	In		N/O						27. Food separated and protected		
<input checked="" type="checkbox"/>	In		N/O						28. Washing fruits and vegetables		
<input checked="" type="checkbox"/>	In								29. Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	N/O				30. Food storage, 31. Self service, 32. Labeled		
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/>	N/A						33. Nonfood contact surfaces clean		
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	N/O				34. Warewashing facilities maintained, test strips		
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	N/O				35. Equipment, utensils, approved, clean good repair		
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	N/O				36. Equipment, utensils and linens, storage and use		
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	N/O				37. Vending Machines		
<input checked="" type="checkbox"/>	In								38. Adequate ventilation and lighting		
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	N/O				39. Thermometers provided and accurate		
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	N/O				40. Wiping cloths properly used and stored		X
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	N/O				41. Plumbing, proper backflow prevention		
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	N/O				42. Garbage properly disposed; facilities maintained		
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	N/O				43. Toilet facilities supplied, properly constructed, clean		
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>	N/O				44. Premises clean, vermin proof; personal items separate		
<input checked="" type="checkbox"/>	In	<input checked="" type="checkbox"/>	N/A						45. Floors, walls and ceilings maintained and clean		X
<input checked="" type="checkbox"/>	In								46. No unapproved living or sleeping quarters		
<input checked="" type="checkbox"/>	In								47. Signs posted; Permit & inspection report available		
									48. Plan Review Required		

No PHF []					
°F	Food	Location	°F	Food	Location
41	HAM	SINGLE DOOR TRUE FRIDGE BACK AREA	38	TURKEY SANDWICH	REACH-IN DISPLAY FRIDGE
40	MILK	2-DOOR TRUE FRIDGE			
39	MILK	UNDER COUNTER DELFIELD FRIDGE			
40	CREAM & SMOOTHIE	UNDER COUNTER DELFIELD FRIDGE			

Comments:
 - NO CRITICAL VIOLATIONS
 * FACILITY IS CLEAN & WELL MAINTAINED
CORRECT THE FOLLOWING:
 (40) MAINTAIN SANITIZER CONCENTRATION (100 PPM CHLORINE OR 200 PPM QUAT. AMMONIUM) IN WIPING RAG BUCKETS. MEASURED FRONT BUCKET AT APPROX 100 PPM QUATS.
 (45) REPAIR LARGE TILE CHIP NEAR THE BACK DOOR.

Received By: Ashley Niehues	REHS: Andrew P...
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