

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: <u>MCDONALD'S</u>		Inspection Date: <u>7/27/15</u>	
Address: <u>236 N. HUMBOLDT AVE, WILLOWS, CA</u>		Reinspection Date (on or after): <u>9/27/15</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>MARK</u>	Phone No.:	Inspection Time: <u>2:15</u>	Permit Exp. Date:
Certified Food Handler: <u>AMANDA MARTIN</u>		Certificate Expiration Date: <u>7/31/19</u> <small>(Certificate expires five years after it is issued)</small>	
Service: <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Reinspection <input checked="" 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			Maj	Out	COS	Out	COS
Critical Risk Factors for Disease							
<u>In</u>		1. Demonstration of knowledge				24. Person in charge present and performs duties	
<u>In</u>		2. Communicable disease restrictions				25. Personal cleanliness and hair restraints	
<u>In</u>	<u>N/O</u>	3. Discharge of eyes, nose, mouth				26. Approved thawing methods used	
<u>In</u>	<u>N/O</u>	4. Eating, tasting, drinking, tobacco use				27. Food separated and protected	
<u>In</u>	<u>N/O</u>	5. Hands clean & properly washed, glove use				28. Washing fruits and vegetables	
<u>In</u>		6. Handwashing facilities available				29. Toxic substances properly identified, stored and used	
<u>In</u>	<u>N/A</u>	<u>N/O</u> 7. Proper hot and cold food holding temps	<u>X</u>	<u>X</u>		30. Food storage, 31. Self service, 32. Labeled	
<u>In</u>	<u>N/A</u>	8. Time as a public health control, records				33. Nonfood contact surfaces clean	
<u>In</u>	<u>N/A</u>	<u>N/O</u> 9. Proper cooling methods				34. Warewashing facilities maintained, test strips	
<u>In</u>	<u>N/A</u>	<u>N/O</u> 10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair	<u>X</u>
<u>In</u>	<u>N/A</u>	<u>N/O</u> 11. Reheating temperature for hot holding				36. Equipment, utensils and linens, storage and use	<u>X</u>
<u>In</u>	<u>N/A</u>	<u>N/O</u> 12. Returned and reservice of food				37. Vending Machines	
<u>In</u>		13. Food safe and unadulterated				38. Adequate ventilation and lighting	
<u>In</u>	<u>N/A</u>	<u>N/O</u> 14. Food contact surfaces clean and sanitized				39. Thermometers provided and accurate	
<u>In</u>		15. Food from approved source				40. Wiping cloths properly used and stored	<u>X</u>
<u>In</u>	<u>N/A</u>	<u>N/O</u> 16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention	<u>X</u>
<u>In</u>	<u>N/A</u>	<u>N/O</u> 18. Compliance with HACCP plan				42. Garbage properly disposed; facilities maintained	
<u>In</u>	<u>N/A</u>	<u>N/O</u> 19. Advisory for raw/undercooked food				43. Toilet facilities supplied, properly constructed, clean	<u>X</u>
<u>In</u>	<u>N/A</u>	<u>N/O</u> 20. Health care/ School prohibited food				44. Premises clean, vermin proof; personal items separate	
<u>In</u>		21. Hot & cold water. Temp: <u>120°</u> °F				45. Floors, walls and ceilings maintained and clean	<u>X</u>
<u>In</u>		22. Wastewater properly disposed				46. No unapproved living or sleeping quarters	
<u>In</u>		23. No rodents, insects, birds, animals		<u>X</u>		47. Signs posted; Permit & inspection report available	
						48. Plan Review Required	

No PHF []					
°F	Food	Location	°F	Food	Location
40	EGGS	2-DOOR DE-FROGER FRIDGE			
110	FISH FILET	IN A WARMER DRAWER			
39	CHEESE	WALK-IN FRIDGE			

Comments:

****CRITICAL VIOLATIONS****

⑦ HOLD ALL POTENTIALLY HAZARDOUS FOODS AT/BELOW 41°F OR AT/ABOVE 135°F AT ALL TIMES. MEASURED A FISH FILET AT 110°F IN WARMING DRAWER THAT WAS NOT PUSHED ALL THE WAY IN. OPERATOR DISPOSED OF 1 FILET.

OTHER VIOLATIONS

②3 KEEP FACILITY FREE OF ALL INSECTS, PESTS & VERMIN AT ALL

Received By: X Sarah Mat. REHS: Andrew Perry

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Name of Facility/ DBA: <u>McDonald's</u>	Inspection Date: <u>7/27/15</u>
Address: <u>236 N. Humboldt Ave, Willows, CA</u>	
Owner/Permittee: <u>PAGE 2</u>	

Comments:

OTHER VIOLATIONS (CONT.):

23 TIMES. OBSERVED SOME FLIES INSIDE LOBBY & KITCHEN AREAS.

35 THE GENERAL CLEANLINESS/SANITATION IN/AROUND KITCHEN AREA IS VERY POOR AND SEEMS TO BE GETTING WORSE. CLEAN & SANITIZE THE FOLLOWING:

- 1) ATOP THE FRENCH FRY FRYERS (GREASY/DIRTY)
- 2) ALL APPLIANCES ARE GRIMY & COVERED W/ FOOD DEBRIS
- 3) SMOOTHIE MACHINE & ASSOCIATED ICE BUCKET VERY FILTHY
- 4) THE SODA NOZZLES ON LOBBY SODA DISPENSER WERE DIRTY/MOLDY.

35 REPAIR/REPLACE THE FOLLOWING:

- 1) THE RUBBER SEALS ON THE UNDER COUNTER DELFIELD FRIDGE.
- 2) REPAIR LEAKY PLUMBING AT THE BEV-COOLER AT BACK OF THE STORE.

36 DISCONTINUE STORING ICE SCOOP INSIDE THE ICE MACHINE.
(100 PPM CHLORINE, 200 PPM QUATS)

40 MAINTAIN PROPER CONCENTRATION OF SANITIZER IN THE WIPING CLOTH BUCKETS. BUCKET UNDER REGISTER MEASURED NON-DETECT.

41 REPAIR LEAKY FIXTURE AT THE 3-COMT SINK.

43 ALL BATHROOMS SHALL BE SUPPLIED W/ HAND TOWELS, SOAP & WARM WATER. THE MENS BATHROOM LACKED SOAP.

45 THE CONDITION OF THE WALLS, FLOORS & CEILING WERE VERY POOR. MOST WERE VERY DIRTY, FILTHY & COVERED WITH

Received By:

X [Signature]

REHS:

ANDREW [Signature]

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Address:	
Owner/Permittee:	<u>PAGE 3</u>

Comments: OTHER VIOLATIONS (CONT.)

45 GUNK & GRIME. CLEAN/SANITIZE/DE GREASE ALL AREAS WITH SPECIAL ATTENTION AT:

- 1) THE DRIVE-THRU FLOORS/WALLS
- 2) BEHIND, UNDER & AROUND ALL KITCHEN APPLIANCES.
- 3) UNDERNEATH & BEHIND BACK 3-COMP SINK.

45 REPAIR/REPLACE ALL COUING COMING OFF OF THE WALLS.

Received By: X [Signature] REHS: [Signature]