

**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>SUBWAY (Willows)</u>		Inspection Date: <u>10/26/17</u>	
Address: <u>505 HUMBOLDT AVE, WILLOWS, CA</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permitee: <u>KVM INC.</u>	Phone No.: <u>934-7717</u>	Inspection Time: <u>3:00</u>	Permit Exp. Date:
Certified Food Handler: <u>BROOK BAUSKA</u>		Certificate Expiration Date: <u>11/17/20</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 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	1.	Demonstration of knowledge						
<input checked="" type="checkbox"/>	In	2.	Communicable disease restrictions						
<input checked="" type="checkbox"/>	In	3.	Discharge of eyes, nose, mouth						
<input checked="" type="checkbox"/>	In	4.	Eating, tasting, drinking, tobacco use						
<input checked="" type="checkbox"/>	In	5.	Hands clean & properly washed, glove use						
<input checked="" type="checkbox"/>	In	6.	Handwashing facilities available			X			
<input checked="" type="checkbox"/>	In	7.	Proper hot and cold food holding temps						
<input checked="" type="checkbox"/>	In	8.	Time as a public health control, records						
<input checked="" type="checkbox"/>	In	9.	Proper cooling methods						
<input checked="" type="checkbox"/>	In	10.	Proper cooking time and temps						
<input checked="" type="checkbox"/>	In	11.	Reheating temperature for hot holding						
<input checked="" type="checkbox"/>	In	12.	Returned and reserve of food						
<input checked="" type="checkbox"/>	In	13.	Food safe and unadulterated						
<input checked="" type="checkbox"/>	In	14.	Food contact surfaces clean and sanitized						
<input checked="" type="checkbox"/>	In	15.	Food from approved source						
<input checked="" type="checkbox"/>	In	16.	Shell stock tags, 17. Gulf Oyster regs						
<input checked="" type="checkbox"/>	In	18.	Compliance with HACCP plan						
<input checked="" type="checkbox"/>	In	19.	Advisory for raw/undercooked food						
<input checked="" type="checkbox"/>	In	20.	Health care/ School prohibited food						
<input checked="" type="checkbox"/>	In	21.	Hot & cold water. Temp: <u>120</u> °F						
<input checked="" type="checkbox"/>	In	22.	Wastewater properly disposed						
<input checked="" type="checkbox"/>	In	23.	No rodents, insects, birds, animals						
		24.	Person in charge present and performs duties						
		25.	Personal cleanliness and hair restraints						
		26.	Approved thawing methods used						
		27.	Food separated and protected						
		28.	Washing fruits and vegetables						
		29.	Toxic substances properly identified, stored and used						
		30.	Food storage, 31. Self service, 32. Labeled						
		33.	Nonfood contact surfaces clean						
		34.	Warewashing facilities maintained, test strips						
		35.	Equipment, utensils, approved, clean good repair					X	
		36.	Equipment, utensils and linens, storage and use						
		37.	Vending Machines						
		38.	Adequate ventilation and lighting						
		39.	Thermometers provided and accurate						
		40.	Wiping cloths properly used and stored						
		41.	Plumbing, proper backflow prevention					X	
		42.	Garbage properly disposed; facilities maintained						
		43.	Toilet facilities supplied, properly constructed, clean						
		44.	Premises clean, vermin proof; personal items separate						
		45.	Floors, walls and ceilings maintained and clean						
		46.	No unapproved living or sleeping quarters						
		47.	Signs posted; Permit & inspection report available						
		48.	Plan Review Required						

No PHF [ ]					
°F	Food	Location	°F	Food	Location
140	TORTILLA SOUP	SOUP WARMER	40	HAM	INSIDE WALK-IN FRIDGE
135	MEAT BALLS	SOUP WELL			
35	TUNA SALAD	ATOP SANDWICH COOLER			
36	CHICKEN	UNDER CABINET FRIDGE			

Comments:  
- NO CRITICAL VIOLATIONS

OTHER VIOLATIONS

6) ALL HANDWASH SINKS SHALL BE AVAILABLE FOR HAND WASHING, AT ALL TIMES & NOT BLOCKED OR OBFUSCATED IN ANY WAY. THE FRONT HANDWASH SINK HAD A WASTE BASKET IN FRONT OF THE SINK REPEAT VIOLATION!

35) CLEAN & SANITIZE THE SODA NOZZLES, THEY ARE MOLDY

Received By: [Signature] REHS: ANDREW PETHO

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Continuation Sheet

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Address: <u>PAGE 2</u>	
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Comments: OTHER VIOLATIONS (CONT.)

(1) REPAIR LEAKY PLUMBING UNDER THE 3-COMPARTMENT SINK.

Received By: <u>[Signature]</u>	REHS: <u>ANDREW P [Signature]</u>
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