

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>CHEVRON EXTRA MILE # 1702</u>		Inspection Date: <u>2/21/18</u>	
Address: <u>1250 W. WOOD ST., WILLOWS, CA</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>CHEVRON INC</u>	Phone No.:	Inspection Time: <u>3:00</u>	Permit Exp. Date:
Certified Food Handler: <u>TOUA LEE</u>		Certificate Expiration Date: <u>1/1/22</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</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	
Critical Risk Factors for Disease						Maj	Out	COS		Out	COS
<input checked="" type="checkbox"/>	In	1. Demonstration of knowledge						24. Person in charge present and performs duties			
<input checked="" type="checkbox"/>	In	2. Communicable disease restrictions						25. Personal cleanliness and hair restraints			
<input checked="" type="checkbox"/>	In	<input type="checkbox"/>	N/O	3. Discharge of eyes, nose, mouth				26. Approved thawing methods used			
<input checked="" type="checkbox"/>	In	<input type="checkbox"/>	N/O	4. Eating, tasting, drinking, tobacco use				27. Food separated and protected			
<input checked="" type="checkbox"/>	In	<input type="checkbox"/>	N/O	5. Hands clean & properly washed, glove use				28. Washing fruits and vegetables			
<input checked="" type="checkbox"/>	In	6. Handwashing facilities available						29. Toxic substances properly identified, stored and used			
<input checked="" type="checkbox"/>	In	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/O	7. Proper hot and cold food holding temps		30. Food storage, 31. Self service, 32. Labeled			
<input checked="" type="checkbox"/>	In	<input type="checkbox"/>	N/A	8. Time as a public health control, records				33. Nonfood contact surfaces clean			
<input checked="" type="checkbox"/>	In	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/O	9. Proper cooling methods		34. Warewashing facilities maintained, test strips			
<input checked="" type="checkbox"/>	In	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/O	10. Proper cooking time and temps		35. Equipment, utensils, approved, clean good repair			X
<input checked="" type="checkbox"/>	In	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/O	11. Reheating temperature for hot holding		36. Equipment, utensils and linens, storage and use			
<input checked="" type="checkbox"/>	In	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/O	12. Returned and reservice of food		37. Vending Machines			
<input checked="" type="checkbox"/>	In	13. Food safe and unadulterated						38. Adequate ventilation and lighting			
<input checked="" type="checkbox"/>	In	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/O	14. Food contact surfaces clean and sanitized		39. Thermometers provided and accurate			
<input checked="" type="checkbox"/>	In	15. Food from approved source						40. Wiping cloths properly used and stored			
<input checked="" type="checkbox"/>	In	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/O	16. Shell stock tags, 17. Gulf Oyster regs		41. Plumbing, proper backflow prevention			
<input checked="" type="checkbox"/>	In	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/O	18. Compliance with HACCP plan		42. Garbage properly disposed; facilities maintained			
<input checked="" type="checkbox"/>	In	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/O	19. Advisory for raw/undercooked food		43. Toilet facilities supplied, properly constructed, clean			
<input checked="" type="checkbox"/>	In	<input type="checkbox"/>	N/A	20. Health care/ School prohibited food				44. Premises clean, vermin proof; personal items separate			
<input checked="" type="checkbox"/>	In	21. Hot & cold water. Temp: <u>120</u> °F						45. Floors, walls and ceilings maintained and clean			
<input checked="" type="checkbox"/>	In	22. Wastewater properly disposed						46. No unapproved living or sleeping quarters			
<input checked="" type="checkbox"/>	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
165	Hot Dog	Hot Dog Roller			
135	Chili	Dispenser			
35	CHK SALAD SANDWICH	2-Door BEV-AIR			
38	Corn Dog	WALK-IN FRIDGE			

Comments:
- NO CRITICAL VIOLATIONS
** FACILITY IS CLEAN & WELL MAINTAINED
CORRECT THE FOLLOWING:
(35) CLEAN & SANITIZE THE SODA NOZZLES REGULARLY. ONE NOZZLE WAS GRIMY/MOLDY
(35) REPAIR THE OUTSIDE STORAGE SHED THAT IS USED TO STORE SINGLE USE UTENSILS OR DISCONTINUE USING.

Received By: [Signature] REHS: ANDREW FERRO