

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>MCDONALDS</u>		Inspection Date: <u>9/26/18</u>	
Address: <u>236 N. HUMBOLDT AVE, WILLOWS, CA</u>		Reinspection Date (on or after): <u>AN 80.00</u> <u>10/26/18</u> RE-INSPECTION FEE CHARGED FOR NEXT INSPECTION	
Owner/Permitee: <u>MARK BARRINGTON</u>	Phone No.: <u>934-5618</u>	Inspection Time: <u>10:00</u>	Permit Exp. Date: <u>INSPEC</u>
Certified Food Handler: <u>AMANDA MARTIN</u>		Certificate Expiration Date: <u>7/31/19</u> (Certificate expires five years after it is issued)	
Service: <input type="checkbox"/> Routine Inspection <input checked="" 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 (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			
<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 checked="" 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	N/A	N/O						30. Food storage, 31. Self service, 32. Labeled		
<input checked="" type="checkbox"/>	In	N/A							33. Nonfood contact surfaces clean		
<input checked="" type="checkbox"/>	In	N/A	N/O						34. Warewashing facilities maintained, test strips		
<input checked="" type="checkbox"/>	In	N/A	N/O						35. Equipment, utensils, approved, clean good repair		X
<input checked="" type="checkbox"/>	In	N/A	N/O						36. Equipment, utensils and linens, storage and use		X
<input checked="" type="checkbox"/>	In	N/A	N/O						37. Vending Machines		
<input checked="" type="checkbox"/>	In								38. Adequate ventilation and lighting		
<input checked="" type="checkbox"/>	In	N/A	N/O						39. Thermometers provided and accurate		
<input checked="" type="checkbox"/>	In								40. Wiping cloths properly used and stored		
<input checked="" type="checkbox"/>	In	N/A	N/O						41. Plumbing, proper backflow prevention		
<input checked="" type="checkbox"/>	In	N/A	N/O						42. Garbage properly disposed; facilities maintained		
<input checked="" type="checkbox"/>	In	N/A	N/O						43. Toilet facilities supplied, properly constructed, clean		
<input checked="" type="checkbox"/>	In	N/A							44. Premises clean, vermin proof; personal items separate		
<input checked="" type="checkbox"/>	In								45. Floors, walls and ceilings maintained and clean		X
<input checked="" type="checkbox"/>	In						X		46. No unapproved living or sleeping quarters		
<input checked="" type="checkbox"/>	In						X	X	47. Signs posted; Permit & inspection report available		
									48. Plan Review Required		

No PHF []					
°F	Food	Location	°F	Food	Location
29	RAW HAMBURGER	COLD DRAWER	30	YOGURT	FRONT SINGLE DOOR
136	SAUSAGE	WARMING TRAY			
40	RAW SHELL EGG	2-DOOR SILVER FRIDGE			
24	MILK	WALK-IN FRIDGE			

Comments: ~~CRITICAL VIOLATION(S)~~

23 MAINTAIN FACILITY FREE OF ALL PESTS, INSECTS & VERMIN AT ALL TIMES. ~ OBSERVED 20+ FLIES INSIDE THE FACILITY. RESTAURANT IS STILL RECEIVING COMPLAINTS ABOUT FLIES. CONSULT WITH PEST CONTROL PROFESSIONAL HOW BEST TO CONTROL THE SITUATION. REPEAT VIOLATION!

OTHER VIOLATIONS →

Received By: [Signature] REHS: ANDREW PETY

FOOD FACILITY INSPECTION REPORT
Continuation Sheet
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Name of Facility/ DBA: <u>McDonalds</u>	Inspection Date: <u>9/26/18</u>
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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.)

- (21) MAINTAIN HOT WATER TEMP OF AT LEAST 120°F AT THE FIXTURE. WATER MEASURED ONLY 115°F AT 3-COMP SINK AND ONLY 94°F AT BATHROOM SINK.
- (35) CLEAN/SANITIZE THE ICED COFFEE WHIPPED CREAM MACHINE. THE SPIGOT AREA IS MOLDY
- (36) DISCONTINUE STORING FRY SCOOP ON TOP OF THE DIRTY HOT HOLDING BIN, THE TOP OF THE APPLIANCE IS VERY DIRTY.
- (45) CLEAN/SANITIZE/DEGREASE THE WALLS NEAR THE 3-COMPARTMENT SINK & MOP SINK AREA. THESE AREAS ARE FILTHY

NOTE: A 80.00 RE-INSPECTION FEE WILL BE CHARGED FOR NEXT INSPECTION DUE TO REPEAT PEST (FLY) VIOLATION(S) INSIDE THE FACILITY.

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