

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>Willows Roadhouse</u>		Inspection Date: <u>12/16/15</u>	
Address: <u>610 S. TEHAMA ST., WILLOWS, CA</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>AIDA CORPUZ</u>	Phone No.: <u>934-4273</u>	Inspection Time: <u>11:00</u>	Permit Exp. Date:
Certified Food Handler: <u>ZALHDEE CORPUZ</u>		Certificate Expiration Date: <u>4/11/19</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							
<input checked="" type="checkbox"/> In		1. Demonstration of knowledge					
<input checked="" type="checkbox"/> In		2. Communicable disease restrictions					
<input type="checkbox"/> In	<input type="checkbox"/> N/O	3. Discharge of eyes, nose, mouth					
<input type="checkbox"/> In	<input type="checkbox"/> N/O	4. Eating, tasting, drinking, tobacco use		<input checked="" type="checkbox"/> X			
<input type="checkbox"/> In	<input type="checkbox"/> N/O	5. Hands clean & properly washed, glove use		<input checked="" type="checkbox"/> X			
<input type="checkbox"/> In		6. Handwashing facilities available		<input checked="" type="checkbox"/> X			
<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	7. Proper hot and cold food holding temps				<input checked="" type="checkbox"/> X	
<input type="checkbox"/> In	<input type="checkbox"/> N/A	8. Time as a public health control, records					
<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	9. Proper cooling methods					
<input type="checkbox"/> In	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	10. Proper cooking time and temps					<input checked="" type="checkbox"/> X
<input type="checkbox"/> In	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	11. Reheating temperature for hot holding					<input checked="" type="checkbox"/> X
<input type="checkbox"/> In	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	12. Returned and reservice of food					
<input checked="" type="checkbox"/> In		13. Food safe and unadulterated					
<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	14. Food contact surfaces clean and sanitized					
<input checked="" type="checkbox"/> In		15. Food from approved source					
<input type="checkbox"/> In	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	16. Shell stock tags, 17. Gulf Oyster regs					<input checked="" type="checkbox"/> X
<input type="checkbox"/> In	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	18. Compliance with HACCP plan					
<input checked="" type="checkbox"/> In	<input type="checkbox"/> N/A <input type="checkbox"/> N/O	19. Advisory for raw/undercooked food					
<input type="checkbox"/> In	<input type="checkbox"/> N/A	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"/> X
<input type="checkbox"/> In		23. No rodents, insects, birds, animals		<input checked="" type="checkbox"/> X			
		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					<input checked="" type="checkbox"/> X
		33. Nonfood contact surfaces clean					
		34. Warewashing facilities maintained, test strips					
		35. Equipment, utensils, approved, clean good repair					<input checked="" type="checkbox"/> X
		36. Equipment, utensils and linens, storage and use					<input checked="" type="checkbox"/> X
		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					<input checked="" type="checkbox"/> 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					<input checked="" type="checkbox"/> X
		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
34	COOKED ONIONS	ATOP LARGE PREP COOLER	147	VEGI-BEEF SOUP	SOUP WELL
37	STEAK	COLD DRAWERS LARGE PREP COOLER	39	RANCH	ATOP BEVERAGE SALAD COOLER
33	HAMBURGER	3-DOOR BEV-AIR FRIDGE	40	MILK (OPEN)	INSIDE FRIDGE
39	MILK	WALK-IN FRIDGE			

Comments: VIOLATIONS:

④ ALL PERSONAL BEVERAGES IN ANY FOOD PREP AREAS SHALL BE COVERED WITH A LID. OBSERVED DRINKING GLASS AT SALAD PREP STATION & ON PREP TABLE IN KITCHEN.

⑥ BAR AREA MUST HAVE ACCESS TO A HAND WASH SINK. BAR DID NOT APPEAR TO HAVE A SINK THAT WAS FOR HAND WASHING.

②③ KEEP FACILITY FREE OF ALL PESTS AND VERMIN, INSECTS, ETC

Received By: [Signature] REHS: Andrew Petyo

OFFICIAL INSPECTION REPORT

Continuation Sheet

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Comments:

VIOLATIONS (CONT.):

23 AT ALL TIMES. OBSERVED LIVE COCKROACHES (JUVENILES) IN THE SALAD PREP AREA. CONTACT PEST CONTROL & SEAL ALL PEST ENTRY POINTS.

30 STORE ALL FOOD AT LEAST 6 INCHES OFF OF THE FLOOR. OBSERVED BOXES OF FOOD ON FREEZER FLOOR.

35 ALL APPLIANCES MUST BE COMMERCIAL GRADE, N.S.F APPROVED INDOOR APPLIANCES. ANY APPLIANCE ADDITION, RENODEL, EQUIPMENT CHANGE MAY NEED TO BE PLAN CHECKED & APPROVED BY G.L.E.H. (DOMESTIC CHEST FREEZERS XZ IDYLIS WHITE, FRIGIDAIRE WHITE FRIDGE). OUTDOOR SMOKER MUST BE REMOVED FROM KITCHEN.

35 CLEAN & SANITIZE THE FOLLOWING:
1) IN-BETWEEN DEEP FRYERS IN THE KITCHEN.

2) BLACK MOLD GROWTH INSIDE THE ICE-MACHINE

35 REMOVE BARE WOOD BLOCK UNDER KITCHEN HOOD & ANGUL SYSTEM.

35 PROVIDE A COVER FOR ELECTRICAL J-BOX INSIDE WALK-IN FRIDGE

36 STORE ALL UTENSILS IN A CLEAN & SANITARY MANNER. OBSERVED KNIFE STORE INBETWEEN TABLES!

36 STORE ALL PRESSURIZED CYLINDERS TO AN IMMOBILE SURFACE. OBSERVED CO2 CANISTERS IN BAR STORAGE AREA THAT WERE UN-SECURED.

41 REPAIR/REPLACE LEAKY FIXTURE & 3-COMPARTMENT SINK.

Received By:

[Signature]

REHS:

ANDREW PERRY

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Comments: VIOLATIONS (CONT):

45 REPAIR HOLES/CRACKS/CREVICES IN WALLS/CEILING, IN BACK STORAGE ROOMS, THESE ARE BEST ENTRY POINTS.

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