

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: BURGER KING | | | Inspection Date: 8/15/14 | |
| Address: 455 N. HUMBOLDT AVE, WILLOWS, CA | | | Reinspection Date (on or after): NEXT INSPECTION <small>(Reinspections are subject to fees)</small> | |
| Owner/Permittee: XXX | Phone No.: | Inspection Time: | Permit Exp. Date: | |
| | 934-7902 | 1:00 | | |
| Certified Food Handler: ROXANNE ARGUETA | | | Certificate Expiration Date: 10/29/2018 <small>(Certificate expires five years after it is issued)</small> | |
| Service: <input checked="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 | |
| In | | | | | | | | | | | | | | | | | |
| In | | | | | | | | | | | | | | | | | |
| In | N/O | | | | | | | | | | | | | | | | |
| In | N/O | | | | | | | | | | | | | | | | |
| In | N/O | | | | | | | | | | | | | | | | |
| In | N/A | N/O | | | | | | | | | | | | | | | |
| In | N/A | | | | | | | | | | | | | | | | |
| In | N/A | N/O | | | | | | | | | | | | | | | |
| In | N/A | N/O | | | | | | | | | | | | | | | |
| In | N/A | N/O | | | | | | | | | | | | | | | |
| In | N/A | N/O | | | | | | | | | | | | | | | |
| In | N/A | N/O | | | | | | | | | | | | | | | |
| In | N/A | N/O | | | | | | | | | | | | | | | |
| In | N/A | N/O | | | | | | | | | | | | | | | |
| In | N/A | N/O | | | | | | | | | | | | | | | |
| In | | | | | | | | | | | | | | | | | |
| In | | | | | | | | | | | | | | | | | |
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| In | | | | | | | | | | | | | | | | | |

| No PHF [] | | | | | |
|------------|---------------------|--------------------------|----|----------------------|------------------------|
| °F | Food | Location | °F | Food | Location |
| 157 | CHICKEN | WARMING DRAWER | 39 | MILK | WALK-IN FRIDGE |
| 159 | HAMBURGER | WARMING DRAWER | 36 | BLUE CHEESE CRUMBLES | ATOP SALAD PREP COOLER |
| 41 | STRAWBERRY SMOOTHIE | BELOW DESERT PREP COOLER | | | |
| 41 | MILK | SMALL FRONT FRIDGE | | | |

Comments:
 - NO CRITICAL VIOLATIONS

OTHER VIOLATIONS:

- (23) KEEP FACILITY FREE OF ALL INSECTS, PEST & VERMIN AT ALL TIMES. OBSERVED A FEW DEAD ROACHES AROUND FACILITY.
- (35) REPAIR BROKEN/BENT GREASE BAFFLES ABOVE FLAME BURNER.
- (42) REPAIR / CLEAN PLUMBING ON THE FLOOR DRAIN IN THE GARBAGE DUMPSTER AREA SO THAT THE WATER CAN DRAIN. →

Received By: Roxanne Argueta REHS: Andrew Peryo

OFFICIAL INSPECTION REPORT

Continuation Sheet

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| | |
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Comments:

OTHER VIOLATIONS: (CONT.)

45 REPAIR ALL HOLES, CRACKS, CREVICES IN THE WALLS, FLOORS & CEILING AROUND THE ENTIRE FACILITY.

45 REPAIR ALL THE F.R.P THAT IS COMING OFF OF THE WALLS AROUND THE FACILITY.

Received By:

Debraune [Signature]

REHS:

ANDREW A. PERO