

**FOOD FACILITY INSPECTION REPORT**  
**GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT**

225 N. Tehama Street, Willows, CA 95988  
 Phone (530) 934-6102 FAX (530) 934-6103

Name of Facility/ DBA: <b>Big Kahuna Frozen Yogurt</b>		Inspection Date: <b>7/13/22</b>	
Address: <b>156 E. Walker St, Orland, CA 95963</b>		Reinspection Date (on or after): <b>By Appointment.</b> <small>(Reinspections are subject to fees)</small>	
Owner/Permitee: <b>Roel Torres</b>	Phone No.:	Inspection Time: <b>4:00 pm</b>	Permit Exp. Date:
Certified Food Handler: <b>- None Current -</b>		Certificate Expiration Date: <small>(Certificate expires five years after it is issued)</small>	
Service: <input type="checkbox"/> Routine Inspection <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> Construction/Pre-opening <input type="checkbox"/> Other:			
Applicable Law <b>CALIFORNIA RETAIL FOOD CODE</b> ("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			
In						X			24. Person in charge present and performs duties		
In									25. Personal cleanliness and hair restraints		
In	N/O								26. Approved thawing methods used		
In	N/O								27. Food separated and protected		
In	N/O								28. Washing fruits and vegetables		
In									29. Toxic substances properly identified, stored and used		
In	N/A	N/O							30. Food storage, 31. Self service, 32. Labeled		
In	N/A								33. Nonfood contact surfaces clean		
In	N/A	N/O							34. Warewashing facilities maintained, test strips		
In	N/A	N/O							35. Equipment, utensils, approved, clean good repair		
In	N/A	N/O							36. Equipment, utensils and linens, storage and use		
In	N/A	N/O							37. Vending Machines		
In									38. Adequate ventilation and lighting		
In	N/A	N/O							39. Thermometers provided and accurate		
In									40. Wiping cloths properly used and stored		
In	N/A	N/O							41. Plumbing, proper backflow prevention		
In	N/A	N/O							42. Garbage properly disposed; facilities maintained		
In	N/A	N/O							43. Toilet facilities supplied, properly constructed, clean		
In	N/A	N/O							44. Premises clean, vermin proof; personal items separate		
In						X			45. Floors, walls and ceilings maintained and clean		
In									46. No unapproved living or sleeping quarters		
In									47. Signs posted; Permit & inspection report available		
									48. Plan Review Required		

No PHF [ ]					
°F	Food	Location	°F	Food	Location
39	Frozen Yogurt Mix	2-Dow cooler			

Comments:  
 \* **Facility is closed!** Do not reopen without approval from our department.

Critical Violations  
 2) Provide hot water of 120°F. Measured 88°F (closure violation)  
 1) Provide a food safety manager for facility.

Received By: Roel Torres REHS: John H. Wells