

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: BUBBA'S PLACE		Inspection Date: 1/24/19	
Address: 222 WEST WALNUT, WILLOWS, CA 95988		Reinspection Date (on or after): NEXT INSPECTION <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: SHAWN WRIGHT & JULIE KAHL	Phone No.:	Inspection Time: 3:00	Permit Exp. Date:
Certified Food Handler: SHAWN WRIGHT		Certificate Expiration Date: 8/30/21 <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 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			1. Demonstration of knowledge				24. Person in charge present and performs duties			
In			2. Communicable disease restrictions				25. Personal cleanliness and hair restraints			
In	N/O		3. Discharge of eyes, nose, mouth				26. Approved thawing methods used			
In	N/O		4. Eating, tasting, drinking, tobacco use				27. Food separated and protected			
In	N/O		5. Hands clean & properly washed, glove use				28. Washing fruits and vegetables			
In			6. Handwashing facilities available				29. Toxic substances properly identified, stored and used			
In	N/A	N/O	7. Proper hot and cold food holding temps				30. Food storage, 31. Self service, 32. Labeled			
In	N/A		8. Time as a public health control, records				33. Nonfood contact surfaces clean			
In	N/A	N/O	9. Proper cooling methods				34. Warewashing facilities maintained, test strips			
In	N/A	N/O	10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair		X	
In	N/A	N/O	11. Reheating temperature for hot holding				36. Equipment, utensils and linens, storage and use			
In	N/A	N/O	12. Returned and reservice of food				37. Vending Machines			
In			13. Food safe and unadulterated				38. Adequate ventilation and lighting			
In	N/A	N/O	14. Food contact surfaces clean and sanitized				39. Thermometers provided and accurate			
In			15. Food from approved source				40. Wiping cloths properly used and stored			
In	N/A	N/O	16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention			
In	N/A	N/O	18. Compliance with HACCP plan				42. Garbage properly disposed; facilities maintained			
In	N/A	N/O	19. Advisory for raw/undercooked food				43. Toilet facilities supplied, properly constructed, clean			
In	N/A		20. Health care/ School prohibited food				44. Premises clean, vermin proof; personal items separate			
In			21. Hot & cold water. Temp: 120 °F				45. Floors, walls and ceilings maintained and clean		X	
In			22. Wastewater properly disposed				46. No unapproved living or sleeping quarters			
In			23. No rodents, insects, birds, animals				47. Signs posted; Permit & inspection report available			
							48. Plan Review Required		X	

No PHF []					
°F	Food	Location	°F	Food	Location
	33 RANCH	SMALL MASTER-BILT FRIDGE			

Comments: Violations:

(35) ALL NON-COMMERCIAL APPLIANCES SHALL BE REPLACED WITH COMMERCIAL GRADE, N.S.F. APPROVED MODELS. DOMESTIC APPLIANCES ARE NOT APPROVED FOR USE IN A RETAIL FOOD FACILITY.

(35) CLEAN & SANITIZE THE BAR GUNS ON A REGULAR BASIS. THE GUNS WERE STICKY & MOLDY.

Received By: Coleen Williams REHS: ANDREW P. ETYO

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Continuation Sheet

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Page 2 of 2

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Address: <u>PAGE 2</u>	
Owner/Permitee: <u>PAGE 2</u>	
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Comments: VIOLATIONS (CONT.):

45 REPAIR BROKEN, CRACKED & FALLING APART FLOORING IN THE BAR AREAS, INCLUDING ADDING COVING TO AREAS THAT LACK IT.

45 CLEAN/SANITIZE UNDER THE BAR & BAR SINKS, THESE AREAS WERE PRETTY FILTHY.

40 IF THE FACILITY IS NO LONGER GOING TO PROVIDE FOOD SERVICE ALL ADDED APPLIANCES MUST BE REMOVED FROM THE FACILITY. IF YOU WANT TO USE THESE APPLIANCES THEY MUST BE PLAN CHECKED AT G.C.E.H.

Received By: <u>Coleen Williams</u>	REHS: <u>Andrew P. [Signature]</u>
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