

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: 7/22/15 | |
| Address: 455 N. HUMBOLDT AVE, WILLOWS, CA | | Reinspection Date (on or after): NEXT INSPECTION <small>(Reinspections are subject to fees)</small> | |
| Owner/Permitee: | Phone No.: | Inspection Time: | Permit Exp. Date: |
| | 934-7902 | 1:30 | |
| Certified Food Handler: LIA VUE | | Certificate Expiration Date: 5/15/17 <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 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 |
|---|-----|-----|---|---|-----|-----|-----|---|--|-----|-----|
| <input checked="" type="checkbox"/> | | | 1. Demonstration of knowledge | | | | | 24. Person in charge present and performs duties | | | |
| <input checked="" type="checkbox"/> | | | 2. Communicable disease restrictions | | | | | 25. Personal cleanliness and hair restraints | | | |
| <input checked="" type="checkbox"/> | | | 3. Discharge of eyes, nose, mouth | | | | | 26. Approved thawing methods used | | | |
| <input checked="" type="checkbox"/> | | N/O | 4. Eating, tasting, drinking, tobacco use | | | | | 27. Food separated and protected | | | |
| <input checked="" type="checkbox"/> | | N/O | 5. Hands clean & properly washed, glove use | | | | | 28. Washing fruits and vegetables | | | |
| <input checked="" type="checkbox"/> | | | 6. Handwashing facilities available | | | | | 29. Toxic substances properly identified, stored and used | | | |
| <input checked="" type="checkbox"/> | N/A | N/O | 7. Proper hot and cold food holding temps | | | | | 30. Food storage, 31. Self service, 32. Labeled | | | |
| <input checked="" type="checkbox"/> | N/A | | 8. Time as a public health control, records | | | | | 33. Nonfood contact surfaces clean | | | X |
| <input checked="" type="checkbox"/> | N/A | N/O | 9. Proper cooling methods | | | | | 34. Warewashing facilities maintained, test strips | | | X |
| <input checked="" type="checkbox"/> | N/A | N/O | 10. Proper cooking time and temps | | | | | 35. Equipment, utensils, approved, clean good repair | | | X |
| <input checked="" type="checkbox"/> | N/A | N/O | 11. Reheating temperature for hot holding | | | | | 36. Equipment, utensils and linens, storage and use | | | |
| <input checked="" type="checkbox"/> | N/A | N/O | 12. Returned and reservice of food | | | | | 37. Vending Machines | | | |
| <input checked="" type="checkbox"/> | | | 13. Food safe and unadulterated | | | | | 38. Adequate ventilation and lighting | | | X |
| <input checked="" type="checkbox"/> | N/A | N/O | 14. Food contact surfaces clean and sanitized | | | X | | 39. Thermometers provided and accurate | | | |
| <input checked="" type="checkbox"/> | | | 15. Food from approved source | | | | | 40. Wiping cloths properly used and stored | | | |
| <input checked="" type="checkbox"/> | N/A | N/O | 16. Shell stock tags, 17. Gulf Oyster regs | | | | | 41. Plumbing, proper backflow prevention | | | |
| <input checked="" type="checkbox"/> | N/A | N/O | 18. Compliance with HACCP plan | | | | | 42. Garbage properly disposed; facilities maintained | | | |
| <input checked="" type="checkbox"/> | N/A | N/O | 19. Advisory for raw/undercooked food | | | | | 43. Toilet facilities supplied, properly constructed, clean | | | X |
| <input checked="" type="checkbox"/> | N/A | | 20. Health care/ School prohibited food | | | | | 44. Premises clean, vermin proof; personal items separate | | | |
| <input checked="" type="checkbox"/> | | | 21. Hot & cold water. Temp: 120 °F | | | | | 45. Floors, walls and ceilings maintained and clean | | | X |
| <input checked="" type="checkbox"/> | | | 22. Wastewater properly disposed | X | X | | | 46. No unapproved living or sleeping quarters | | | |
| <input checked="" type="checkbox"/> | | | 23. No rodents, insects, birds, animals | | | | | 47. Signs posted; Permit & inspection report available | | | |
| | | | | | | | | 48. Plan Review Required | | | |

| No PHF [] | | | | | |
|------------|-----------------|-------------------------------|----|---------------|---------------------------|
| °F | Food | Location | °F | Food | Location |
| 196 | CHICKEN NUGGETS | DILIGENT PREP | 32 | CHEESE | WALK-IN FRIDGE |
| 178 | HAMBURGER | HOT HOLDING CONTAINERS | 40 | WHIPPED CREAM | BELOW DESERT PREP. COOLER |
| 41 | BLUE CHEESE | BACK SMALL P. COOLER | | | |
| 41 | CHICKEN | BELOW BACK SMALL PREP. COOLER | | | |

Comments:
NOTE: THE GENERAL CONDITION OF THE FACILITY IS VERY OLD & DILAPATED. GENERAL SANITATION & CLEANNESS IS GETTING VERY BAD/POOR.

CRITICAL VIOLATIONS

(22) ALL LIQUID WASTE MUST DRAIN TO A FULLY FUNCTIONAL SEWAGE DISPOSAL SYSTEM. OBSERVED THE FLOOR DRAIN AT THE DRIVE-THRU TO BE COMPLETELY PLUGGED & ALMOST OVERFLOWING. EMPLOYEES WERE USING A PLUNGER ON APPLIANCE ABOVE DRAIN TO EMPTY

Received By: [Signature] REHS: ANDREW PETRO

OFFICIAL INSPECTION REPORT

Continuation Sheet

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| | |
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Comments:

(22) WASTEWATER FROM DEVICE. INFORMED MGR. THAT PLUMBER MUST BE CALLED AT ONCE TO FIX TO AVOID STORE CLOSURE. MGR. SAID PLUMBER WAS ON HIS/HER WAY.

OTHER VIOLATIONS

(14) KEEP ALL SHELVING/APPLIANCES CLEAN/DEGREASED & SANITIZED AT ALL TIMES. MANY FOOD PREP AREAS WERE FILTHY & COVERED WITH GRIME/FOOD DEBRIS (SOFT SERVE AREA, KITCHEN AREA).

(33) (35) CLEAN/SANITIZE/DEGREASE ALL ALONG APPLIANCES & ATOP HOOD IN THE COOKS AREA. AREA OBSERVED TO BE FILTHY/GREASY

(33) (45) CLEAN/SANITIZE ACCUMULATED GRIME ALONG ALL FLOORS, ESPECIALLY ALONG COVING/CORNERS, WALK-IN FLOOR, WALK-IN RACKS (RUSTY) AND ALL F.R.P. WALLS. MOST WERE FILTHY & COVERED W/ FOOD DEBRIS.

(35) INSTALL PROPERLY SIZED GREASE BAFFLES IN FRYER HOOD. THE GAPS WILL ALLOW GREASE TO ACCUMULATE IN PLENUM.

(38) REPAIR BROKEN/DANGLING LIGHT FIXTURE IN THE BACK.

(43) KEEP DUMPSTER LIDS CLOSED AT ALL TIMES TO DISCOURAGE PEST/VERMIN ACCUMULATION.

(45) REPAIR/REPLACE/CLEAN MOST F.R.P. ON THE WALLS. ALL IS IN VERY BAD CONDITION, FALLING OFF WALLS & DIRTY.

(45) REPAIR WALL THAT IS FALLING APART AT THE DRIVE-THRU AREA.

Received By:

[Signature]

REHS:

[Signature: Andrew Petyo]