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: CILANTRO'S	Inspection Date: 1/27/15
Address: 239 W. WOOD ST., WILLOWS, CA	Reinspection Date (on or after): NEXT INSPECTION (Reinspections are subject to fees)
Owner/Permitee: JULIO VAZQUEZ, ROCIO VAZQUEZ — Phone No.:	Inspection Time: 1:30 — Permit Exp. Date:
Certified Food Handler: - CLASS CHANGED TO FEB	Certificate Expiration Date: – (Certificate expires five years after it is issued)

Service: ☐ Routine Inspection ☒ Reinspection ☐ Complaint ☐ Construction/Pre-opening ☐ 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		X		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		
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		
In			22. Wastewater properly disposed				46. No unapproved living or sleeping quarters		
In			23. No rodents, insects, birds, animals		X		47. Signs posted; Permit & inspection report available		
							48. Plan Review Required		

No PHF [ ]

°F	Food	Location	°F	Food	Location
145	REFRIED BEANS	ATOP STEAM TABLE			

Comments:
- NO CRITICAL VIOLATIONS

** OWNER/OPERATOR CORRECTED ALL CRITICAL VIOLATIONS FROM THE LAST INSPECTION REPORT.

(1) TAKE THE CERTIFIED FOOD MANAGER CLASS & OBTAIN CERT.
NOPERATOR CHANGED COURSE DATE DUE TO BIRTH OF CHILD.

(23) MAINTAIN PEST CONTROL & CLEAN UP ALL DEAD ROACHES AROUND THE FACILITY.

Received By: Rocio Vazquez

REHS: ANDREW REYES