

FOOD FACILITY INSPECTION REPORT
GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

247 North Villa Avenue, Willows, CA 95988
 Phone (530) 934-6102 FAX (530) 934-6103

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|--|-------------------------------|--|-------------------|
| Name of Facility/ DBA: <i>La Corona</i> | | Inspection Date: <i>9/14/16</i> | |
| Address: <i>1002 Sixth St, Orland, CA 95963</i> | | Reinspection Date (on or after): <i>Next Inspection</i> <small>(Reinspections are subject to fees)</small> | |
| Owner/Permittee: <i>Martin Galvan</i> | Phone No.: <i>865-4380</i> | Inspection Time: <i>4:35 pm</i> | Permit Exp. Date: |
| Certified Food Handler: <i>Alexandrina Plascencia (+ 3 others)</i> | | Certificate Expiration Date: <i>1/29/19</i> <small>(Certificate expires five years after it is issued)</small> | |
| Service: <input type="checkbox"/> Routine Inspection <input checked="" type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> Construction/Pre-opening <input type="checkbox"/> Other: | | | |
| Applicable Law <i>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code (See reverse side of sheet for summary)</i> | | | |

| 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 | | | 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 | | | | | | | | |
| 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: _____ °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 | | | | | | | | | 47. Signs posted; Permit & inspection report available | | | | | | | | |
| | | | | | | | | | | | | 48. Plan Review Required | | | | | | | | |

No PHF []

| °F | Food | Location | °F | Food | Location |
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Comments:

Recheck found all violations corrected except some very minor leaking from backflow preventer at dish machine remains.

Received By: *x Alex P.* REHS: *John H. Wells*