

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: <u>EL GRULLENSE COMMISSARY (2-TRUCKS)</u> | | Inspection Date: <u>1/11/24</u> | |
| Address: <u>318#B SIXTH ST., ORLAND, CA 95963</u> | | Reinspection Date (on or after): <u>2/11/24</u> <small>(Reinspections are subject to fees)</small> | |
| Owner/Permittee: <u>JOSE MORALES</u> | Phone No.: <u>519-2517</u> | Inspection Time: <u>10:00</u> | Permit Exp. Date: |
| Certified Food Handler: <u>ARMIDA MARQUEZ</u> | | Certificate Expiration Date: <u>12/12/24</u> <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 <u>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code</u> (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 | | | Maj | Out | COS | Out | COS |
|--|-----|---|-----|-----|-----|--|-----|
| Critical Risk Factors for Disease | | | | | | | |
| <u>In</u> | | 1. Demonstration of knowledge | | | | 24. Person in charge present and performs duties | |
| <u>In</u> | | 2. Communicable disease restrictions | | | | 25. Personal cleanliness and hair restraints | |
| <u>In</u> | N/O | 3. Discharge of eyes, nose, mouth | | | | 26. Approved thawing methods used | |
| <u>In</u> | N/O | 4. Eating, tasting, drinking, tobacco use | | | | 27. Food separated and protected | |
| <u>In</u> | N/O | 5. Hands clean & properly washed, glove use | | | | 28. Washing fruits and vegetables | |
| <u>In</u> | | 6. Handwashing facilities available | X | X | | 29. Toxic substances properly identified, stored and used | |
| <u>In</u> | N/A | 7. Proper hot and cold food holding temps | | | | 30. Food storage, 31. Self service, <u>32. Labeled</u> | X |
| <u>In</u> | N/A | 8. Time as a public health control, records | | | | 33. Nonfood contact surfaces clean | |
| <u>In</u> | N/A | 9. Proper cooling methods | | | | 34. Warewashing facilities maintained, test strips | |
| <u>In</u> | N/A | 10. Proper cooking time and temps | | | | 35. Equipment, utensils, approved, clean good repair | X |
| <u>In</u> | N/A | 11. Reheating temperature for hot holding | | | | 36. Equipment, utensils and linens, storage and use | X |
| <u>In</u> | N/A | 12. Returned and reservice of food | | | | 37. Vending Machines | |
| <u>In</u> | | 13. Food safe and unadulterated | | | | 38. Adequate ventilation and lighting | |
| <u>In</u> | N/A | 14. Food contact surfaces clean and sanitized | | X | | 39. Thermometers provided and accurate | |
| <u>In</u> | | 15. Food from approved source | | | | 40. Wiping cloths properly used and stored | |
| <u>In</u> | N/A | 16. Shell stock tags, 17. Gulf Oyster regs | | | | 41. Plumbing, proper backflow prevention | X |
| <u>In</u> | N/A | 18. Compliance with HACCP plan | | X | | 42. Garbage properly disposed; facilities maintained | |
| <u>In</u> | N/A | 19. Advisory for raw/undercooked food | | | | 43. Toilet facilities supplied, properly constructed, clean | X |
| <u>In</u> | N/A | 20. Health care/ School prohibited food | | | | 44. Premises clean, vermin proof; <u>personal items separate</u> | X |
| <u>In</u> | | 21. Hot & cold water: <u>113 °F</u> | | X | | 45. Floors, walls and ceilings maintained and clean | X |
| <u>In</u> | | 22. Wastewater properly disposed | | | | 46. No unapproved living or sleeping quarters | |
| <u>In</u> | | 23. No rodents, insects, birds, animals | X | X | | 47. Signs posted; Permit & inspection report available | |
| | | | | | | 48. Plan Review Required | |

| No PHF [] | | | | | |
|------------|--------------------|--------------------|----|------|----------|
| °F | Food | Location | °F | Food | Location |
| | <u>Milk</u> | <u>3-DOOR TRUE</u> | | | |
| | <u>BEEF TONGUE</u> | <u>3-DOOR TRUE</u> | | | |
| | <u>RAW BEEF</u> | <u>3-DOOR TRUE</u> | | | |

Comments: **CRITICAL VIOLATIONS**

6 THE HANDWASH SINK SHALL BE PROPERLY SUPPLIED WITH SOAP+ HAND TOWELS AND SHALL NOT BE BLOCKED OR HAVE UTENSILS STORED IN IT.

23 KEEP FACILITY FREE OF PESTS, INSECTS & VERMIN AT ALL TIMES. FACILITY HAS ACTIVE RODENT INFESTATION. OBSERVED FOOD STORED IN GARAGE AREA THAT WAS

| | |
|---------------------------------|--------------------------|
| Received By: <u>[Signature]</u> | REHS: <u>[Signature]</u> |
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OFFICIAL INSPECTION REPORT

Continuation Sheet

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| | |
|--|-----------------------------|
| Name of Facility / DBA: El Grullence Commissary | Inspection Date: 1/11/24 |
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| Owner/Permitee: PAGE 2 | |

Comments:

** CRITICAL VIOLATIONS **

(23) CHEWED BY RODENTS. CONTACT PEST CONTROL AND STORE ALL FOOD IN THE FINISHED AREA OF THE WAREHOUSE.

OTHER VIOLATIONS

(14) CLEAN & SANITIZE MEAT CUTTING EQUIPMENT AFTER USE. OBSERVED FOOD DEBRIS ON MACHINE.

(18) SUBMIT A HACCP PLAN FOR OPERATION THAT IS USING VACUUM SEALING MEATS. STATE APPROVAL OF THE HACCP PLAN IS REQUIRED.

(21) PROVIDE HOT WATER OF AT LEAST 120°F AT THE 3-COMPARTMENT & PREP. SINKS. H₂O MEASURED 113°F.

(32) LABEL ALL SPICES, RE-PACKAGED FOODS AND ANY FOODS THAT ARE NOT EASILY RECOGNIZABLE.

(35) CLEAN & SANITIZE THE MOLDY ICE MACHINE.

(38) STORE ICE SCOOP IN A BUCKET OUTSIDE ICE MACHINE.

(36) ALL FOOD STORAGE EQUIPMENT SHOULD BE MOVED INSIDE THE FINISHED PORTION OF THE BLDG.

(41) REPAIR LEAKY FIXTURE AT 3-COMP. SINK.

(41) REPAIR PLUMBING AND CLOGGED DRAIN AT THE PREP. SINK.

(43) PROVIDE PAPER TOWELS IN THE FACILITY RESTROOM.

(44) STORE ALL PERSONAL ITEMS IN A DESIGNATED AREA AND NOT ON PREP TABLES OR WORKING SURFACES.

(45) REPAIR BROKEN FLOOR TILES IN KITCHEN AREA.

Received By:

[Signature]

REHS:

[Signature]