

**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: <b>Las Pulgas</b>		Inspection Date: <b>11/1/16</b>	
Address: <b>413 6th Street Eland, CA 95963</b>		Reinspection Date (on or after): <b>11/15/16</b> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <b>Juan Carrillo</b>	Phone No.: <b>-</b>	Inspection Time: <b>4:15 pm</b>	Permit Exp. Date:
Certified Food Handler: <b>- None Current</b>		Certificate Expiration Date: <b>-</b> <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 <b>CALIFORNIA RETAIL FOOD CODE ("CalCode"), Beginning with section 113700, California Health and Safety Code (See reverse side of sheet for summary)</b>			

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											
In							X		24. Person in charge present and performs duties		
In									25. Personal cleanliness and hair restraints		
In	N/O								26. Approved thawing methods used		
In	N/O								27. Food separated and protected		
In	N/O								28. Washing fruits and vegetables		
In				X					29. Toxic substances properly identified, stored and used		
In	N/A	N/O							30. Food storage, 31. Self service, 32. Labeled		
In	N/A								33. Nonfood contact surfaces clean		
In	N/A	N/O							34. Warewashing facilities maintained, test strips		
In	N/A	N/O							35. Equipment, utensils, approved, clean good repair		
In	N/A	N/O							36. Equipment, utensils and linens, storage and use		
In	N/A	N/O							37. Vending Machines		
In							X	X	38. Adequate ventilation and lighting		
In	N/A	N/O							39. Thermometers provided and accurate		
In									40. Wiping cloths properly used and stored		
In	N/A	N/O							41. Plumbing, proper backflow prevention		X
In	N/A	N/O							42. Garbage properly disposed; facilities maintained		
In	N/A	N/O							43. Toilet facilities supplied, properly constructed, clean		
In	N/A								44. Premises clean, vermin proof; personal items separate		X
In							X		45. Floors, walls and ceilings maintained and clean		
In									46. No unapproved living or sleeping quarters		
In									47. Signs posted; Permit & inspection report available		
In									48. Plan Review Required		

No PHF <input checked="" type="checkbox"/>					
°F	Food	Location	°F	Food	Location
	<u>Critical Violation</u>				
	a) Provide soap & towels from dispensers at all handwash sinks.				
	b) Bar sink lacked soap & towels.				
	c) Restrooms do not have towels inside by sink.				
Comments: <u>Other violations</u>					
	1) Obtain a food safety manager for facility (compliance date <u>1/2/17</u> )				
	2) Prevent flies from infesting liquor bottles. Observed a fruit fly in rum bottle - discarded 400 ml.				
	3) Provide hot water at 120°F. Measured 111°F.				
	4) Repair drip leak at bar handwash sink.				
	5) Provide weather stripping <del>at</del> at back door to prevent vermin entry.				
Received By: <u>Joni Summons</u>			REHS: <u>John H. Wells</u>		