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: EL TOPO MFF	Inspection Date: 12/28/16
Address: 570 MAIN ST., HAMILTON CITY, CA 95951	Reinspection Date (on or after): NEXT INSPECTION (Reinspections are subject to fees)
Owner/Permitee: VIRGINIA GARCIA; Phone No.:	Inspection Time: 4:00; Permit Exp. Date:
Certified Food Handler: GINA FAZIL	Certificate Expiration Date: 10/14/19 (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					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					47. Signs posted; Permit & inspection report available		
								48. Plan Review Required		

No PHF [ ] * NO TEMPS TAKEN AT CONSTRUCTION INSPECTION

°F	Food	Location	°F	Food	Location

Comments:

- FACILITY IS APPROVED TO OPEN ON THE ABOVE DATE AND TIME ONCE ANNUAL PERMIT FEES ARE PAID TO G.C.E.H.

NOTE: ONCE FEES ARE PAID THIS DOCUMENT WILL BE THE TEMPORARY OPERATING PERMIT UNTIL A PERMENANT ONE CAN BE MAILED.

Received By: X Sandra Garcia REHS: ANDREW PETYO