

**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:<br><b>EL TORO MFF</b>  |            | Inspection Date:<br><b>2/7/17</b>   |                   |
| Address:<br><b>570 MAIN ST., HAMILTON CITY, CA</b>  |            | Reinspection Date (on or after):<br><b>NEXT INSPECTION</b><br><small>(Reinspections are subject to fees)</small>      |                   |
| Owner/Permittee:<br><b>VIRGINIA GARCIA</b>  | Phone No.: | Inspection Time:<br><b>9:00</b>   | Permit Exp. Date: |
| Certified Food Handler:<br><b>GINA FAZIL</b>  |            | Certificate Expiration Date:<br><b>10/19/17</b><br><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 checked="" type="checkbox"/> Construction/Pre-opening <input type="checkbox"/> 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                   |  |   |  |                         |  |
| In                                |     |                      |  |                    |     |                       |  | 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                                |     |                      |  |                    |     |                       |  | 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                                |     |                      |  |                    |     |                       |  | 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                    |  |                         |  |
| 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 | N/O                  |  |                    |     |                       |  | 44. Premises clean, vermin proof; personal items separate   |  |                         |  |
| In                                | N/A |                      |  |                    |     |                       |  | 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 [ ] **\*NO TEMPS TAKEN AT RE-INSPECTION**

| °F | Food | Location | °F | Food | Location |
|----|------|----------|----|------|----------|
|    |      |          |    |      |          |
|    |      |          |    |      |          |
|    |      |          |    |      |          |
|    |      |          |    |      |          |

Comments:

**\*\* FACILITY HAS CORRECTED PREVIOUS VIOLATIONS AND IS NOW APPROVED TO RE-OPEN ON THE ABOVE DATE AND TIME.**

Received By: **X Virginia Garcia** REHS: **Andrew Poy**