FOOD FACILITY INSPECTION REPORT GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

247 North Villa Avenue, Willows, CA 95988 Phone (530) 934-6102 FAX (530) 934-6103 Page 1 of ____

| | | ility/ DE | | o Frank | | | | | Inspection Date: | | | |
|--------------------------------------|---|---|---|---|--------------|--|---|--|--|----------------|-------------|------|
| El Gullense toods Address: | | | | | | | | | Reinspection Date (on or after): | | | |
| Away 99 w & swift St Orland, CA 9595 | | | | | | | | | (Reinspections are subject to fees) | | | |
| Owner/Permitee: Phone No.: | | | | | | | | | | | | |
| Jose Marales | | | | | | | | | 11:10 am | | | |
| Certified Food Handler: | | | | | | | | | Certificate Expiration Date: | | | |
| | | | | | | | | | (Certificate expires five years a | fter it is iss | ued) | |
| Servi | | | itine Insp | | omplaint | | | | Other: | | | |
| Аррп | cable Lav | VCALIFO | KNIA KE | TAIL FOOD CODE ("CalCode), Beginning to | with section | 113700, 0 | Salifornia | Health and Safety Code | See reverse side of sheet for summ | iary) | | |
| | In = In | complia | 7 | N/A = Not Applicable $N/O = Not Ol$ | 1 | | Major vi | olation Out = Item | s not in compliance COS = | Corrected | d On Sit | - |
| In | | | | Critical Risk Factors for Disease monstration of knowledge | Maj | Out | COS | 24 Person in charge | e present and performs duties | | Out | COS |
| In | | | 2. Co | mmunicable disease restrictions | | | | | ness and hair restraints | | | |
| In In | | N/O N/O | | charge of eyes, nose, mouth | | - | | 26. Approved thawi | | | | |
| In | | N/O | | ing, tasting, drinking, tobacco use nds clean & properly washed, glove use | E STORY | - | - | 27. Food separated a 28. Washing fruits a | | | | |
| In | | | 6. Har | ndwashing facilities available | | | | | s properly identified, stored an | d used | | |
| In | N/A | N/O | 7. Pro | per hot and cold food holding temps | | | | | . Self service, 32. Labeled | | | |
| In In | N/A N/A | N/O | | ne as a public health control, records per cooling methods | | | | 33. Nonfood contact | | | | |
| In | N/A | N/O | | per cooking time and temps | | - | | 34. Warewashing ta | cilities maintained, test strips sils, approved, clean good repa | ie | | |
| In | N/A | N/O | N/O 11. Reheating temperature for hot holding | | | | | 36. Equipment, uten | tensils and linens, storage and use | | | |
| In | N/A | | | | | | | Vending Machin | Machines | | | |
| In In | N/A | 13. Food safe and unadulterated N/A N/O 14. Food contact surfaces clean and sanitized | | | | | | e ventilation and lighting neters provided and accurate | | | | |
| In | 1 1/2 1 | 140 | | od from approved source | | | | | operly used and stored | | | |
| In | N/A | N/O | 16. Shell stock tags, 17. Gulf Oyster regs | | | | | | 41. Plumbing, proper backflow prevention | | | |
| In In | N/A | N/O | | | | | | 42. Garbage properly disposed; facilities maintained | | | | |
| In | N/A N/O 19. Advisory for raw/undercooked food N/A 20. Health care/ School prohibited food | | | | | | 43. Toilet facilities supplied, properly constructed, clean 44. Premises clean, vermin proof; personal items separate | | | | | |
| In | 21. Hot & cold water. Temp: °F | | | | | | 45. Floors, walls and ceilings maintained and clean | | | | | |
| In | | | | stewater properly disposed | | | | 46. No unapproved 1 | iving or sleeping quarters | | | |
| In | 23. No rodents, insects, birds, animals | | | | | 47. Signs posted; Permit & inspection report available | | | | | | |
| | | | | | | | | 48. Plan Review Req | uired | | | |
| No P | HF [| 1 | | | | | | | | | | |
| °F Food Location | | | | | | °F Food | | | Location | on | | |
| 114 | 40 Salsa | | F PD: 11 | | | +- | | | Docution | | | |
| 40 | Sal | 51 | | 196 2 Lub ron | 5 | | | | | | | |
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