

FOOD FACILITY INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

257 North Villa Avenue, Willows, CA 95988
Phone (530) 934-6102 FAX (530) 934-6103

Page 1 of _____

Name of Facility/DBA: CILANTRO'S		Inspection Date: 12/3/14	
Address: 239 W. WOOD ST., WILLOWS, CA		Reinspection Date (on or after): 1/3/15 <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: JULIO VAZQUEZ, ROCIO VAZQUEZ	Phone No.:	Inspection Time: 3:30	Permit Exp. Date:
Certified Food Handler: - CLASS SCHEDULED JAN 25TH		Certificate Expiration Date: <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 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							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									29. Toxic substances properly identified, stored and used		
In	N/A	N/O				X	X		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	X	
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								44. Premises clean, vermin proof; personal items separate		
In									45. Floors, walls and ceilings maintained and clean		
In									46. No unapproved living or sleeping quarters		
In						X	X		47. Signs posted; Permit & inspection report available		
In									48. Plan Review Required		

No PHF []					
°F	Food	Location	°F	Food	Location
41	CHEESE	ATOP PREP COOLER			
40	HORCHATA	HORCHATA DISPENSER			
113	REFRIED BEANS	ATOP STEAM TABLE			

Comments:

**** CRITICAL VIOLATIONS ****

7) HOLD ALL POTENTIALLY HAZARDOUS FOOD AT / BELOW 41°F OR AT / ABOVE 135°F AT ALL TIMES. REFRIED BEANS MEASURED 113°F AND WERE DISPOSED OF BY OPERATOR.

23) KEEP FACILITY FREE OF ALL PESTS AND VERMIN. FACILITY STILL HAS LIVE COCKROACHES. CONTACT PEST CONTROL, CLEAN & SEAL UP ENTRY PTS AROUND THE KITCHEN. PEST PROBLEM MUST BE ABATED TO AVOID CLOSURE OR RE-INSPECTION FEE

Received By: **Rocio Vazquez** REHS: **Andrew Petro**

OFFICIAL INSPECTION REPORT

Continuation Sheet

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Owner/Permitee: <u>PAGE 2</u>	

Comments:

** CRITICAL VIOLATIONS **

~~36~~ 36 DEEP FRYER MUST BE LOCATED UNDER EXHAUST HOOD OR IT CANNOT BE USED.

NOTE: ALL OTHER VIOLATIONS FROM LAST INSPECTION CORRECTED.

Received By:

Rocio Varquez

REHS:

Andrew A. P. Perry