

**FOOD FACILITY INSPECTION REPORT**  
**GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT**  
 257 North Villa Avenue, Willows, CA 95988  
 Phone (530) 934-6102 FAX (530) 934-6103

Name of Facility/ DBA: <b>BETANCOURT FOODS</b>		Inspection Date: <b>5/28/15</b>	
Address: <b>1333 W. SYCAMORE ST., APT 29, WILLOWS</b>		Reinspection Date (on or after): <b>NEXT INSPECTION</b> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <b>JOSE BETANCOURT</b>	Phone No.: <b>682-667-8137</b>	Inspection Time: <b>9:30</b>	Permit Exp. Date:
Certified Food Handler:		Certificate Expiration Date: <small>(Certificate expires five years after it is issued)</small>	
Service: <input type="checkbox"/> Routine Inspection <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Construction/Pre-opening <input type="checkbox"/> Other:			
Applicable Law <i>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code (See reverse side of sheet for summary)</i>			

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									24. Person in charge present and performs duties		
In									25. Personal cleanliness and hair restraints		
In									26. Approved thawing methods used		
In									27. Food separated and protected		
In									28. Washing fruits and vegetables		
In									29. Toxic substances properly identified, stored and used		
In									30. Food storage, 31. Self service, 32. Labeled		
In									33. Nonfood contact surfaces clean		
In									34. Warewashing facilities maintained, test strips		
In									35. Equipment, utensils, approved, clean good repair		
In									36. Equipment, utensils and linens, storage and use		
In									37. Vending Machines		
In									38. Adequate ventilation and lighting		
In									39. Thermometers provided and accurate		
In									40. Wiping cloths properly used and stored		
In									41. Plumbing, proper backflow prevention		
In									42. Garbage properly disposed; facilities maintained		
In									43. Toilet facilities supplied, properly constructed, clean		
In									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									47. Signs posted; Permit & inspection report available		
In									48. Plan Review Required		

No PHF [ ] * NO FOODS ON CART DURING PLAN CHECK					
°F	Food	Location	°F	Food	Location

Comments: **\*\* PRE-CONSTRUCTION INSPECTION. CORRECT THE FOLLOWING:**

**(6) SUPPLY A SOAP DISPENSOR AT THE HANDWASH SINK.**

**(35) PROVIDE THIS OFFICE WITH WATER TANK CAPACITIES.**

**(39) PROVIDE A PROBE THERMOMETER ON/AT CART.**

**(47) NAME OF BUSINESS & ADDRESS SHALL BE PRINTED ON EACH SIDE OF CART IN AT LEAST 3 INCH CONTRASTING LETTERS.**

Received By: **X Jose Betancourt** REHS: **Andrew A. Petyo**