

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: <u>TALOS LOS MISMOS</u> | | Inspection Date: <u>6/30/16</u> | |
| Address: <u>HAMILTON CITY @ RR TRACKS</u> | | Reinspection Date (on or after): <u>** FOOD TRUCK CLOSED</u> <small>(Reinspections are subject to fees)</small> | |
| Owner/Permitee: <u>JOSE MORALES</u> | Phone No.: | Inspection Time: <u>11:30</u> | Permit Exp. Date: |
| Certified Food Handler: <u>MARIA CASNEROS</u> | | Certificate Expiration Date: <u>3/17/17</u> <small>(Certificate expires five years after it is issued)</small> | |
| Service: <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> Construction/Pre-opening <input type="checkbox"/> Other: | | | |
| Applicable Law <u>CALIFORNIA RETAIL FOOD CODE ("CalCode"), Beginning with section 113700, California Health and Safety Code (See reverse side of sheet for summary)</u> | | | |

| In = In compliance N/A = Not Applicable N/O = Not Observed Maj = Major violation Out = Items not in compliance COS = Corrected On Site | | | Maj | Out | COS | Out | COS |
|---|--|---|----------|----------|-----|----------|-----|
| <u>In</u> | Critical Risk Factors for Disease | | | | | | |
| <u>In</u> | | 1. Demonstration of knowledge | | | | | |
| <u>In</u> | | 2. Communicable disease restrictions | | | | | |
| <u>In</u> | <u>N/O</u> | 3. Discharge of eyes, nose, mouth | | | | | |
| <u>In</u> | <u>N/O</u> | 4. Eating, tasting, drinking, tobacco use | | | | | |
| <u>In</u> | <u>N/O</u> | 5. Hands clean & properly washed, glove use | | | | | |
| <u>In</u> | | 6. Handwashing facilities available | | | | | |
| <u>In</u> | <u>N/A</u> | <u>N/O</u> 7. Proper hot and cold food holding temps | <u>X</u> | <u>X</u> | | | |
| <u>In</u> | <u>N/A</u> | 8. Time as a public health control, records | | | | | |
| <u>In</u> | <u>N/A</u> | <u>N/O</u> 9. Proper cooling methods | | | | | |
| <u>In</u> | <u>N/A</u> | <u>N/O</u> 10. Proper cooking time and temps | | | | | |
| <u>In</u> | <u>N/A</u> | <u>N/O</u> 11. Reheating temperature for hot holding | | | | | |
| <u>In</u> | <u>N/A</u> | <u>N/O</u> 12. Returned and reservice of food | | | | | |
| <u>In</u> | | 13. Food safe and unadulterated | | | | | |
| <u>In</u> | <u>N/A</u> | <u>N/O</u> 14. Food contact surfaces clean and sanitized | | | | | |
| <u>In</u> | | 15. Food from approved source | | | | | |
| <u>In</u> | <u>N/A</u> | <u>N/O</u> 16. Shell stock tags, 17. Gulf Oyster regs | | | | | |
| <u>In</u> | <u>N/A</u> | <u>N/O</u> 18. Compliance with HACCP plan | | | | | |
| <u>In</u> | <u>N/A</u> | <u>N/O</u> 19. Advisory for raw/undercooked food | | | | | |
| <u>In</u> | <u>N/A</u> | <u>N/O</u> 20. Health care/ School prohibited food | | | | | |
| <u>In</u> | | 21. Hot & cold water. Temp: <u>hot</u> °F | | | | | |
| <u>In</u> | | 22. Wastewater properly disposed | | | | | |
| <u>In</u> | | 23. No rodents, insects, birds, animals | | <u>X</u> | | | |
| | | 24. Person in charge present and performs duties | | | | | |
| | | 25. Personal cleanliness and hair restraints | | | | | |
| | | 26. Approved thawing methods used | | | | | |
| | | 27. Food separated and protected | | | | | |
| | | 28. Washing fruits and vegetables | | | | | |
| | | 29. Toxic substances properly identified, stored and used | | | | | |
| | | 30. Food storage, 31. Self service, 32. Labeled | | | | <u>X</u> | |
| | | 33. Nonfood contact surfaces clean | | | | | |
| | | 34. Warewashing facilities maintained, test strips | | | | | |
| | | 35. Equipment, utensils, approved, clean good repair | | | | <u>X</u> | |
| | | 36. Equipment, utensils and linens, storage and use | | | | <u>X</u> | |
| | | 37. Vending Machines | | | | | |
| | | 38. Adequate ventilation and lighting | | | | | |
| | | 39. Thermometers provided and accurate | | | | | |
| | | 40. Wiping cloths properly used and stored | | | | | |
| | | 41. Plumbing, proper backflow prevention | | | | | |
| | | 42. Garbage properly disposed; facilities maintained | | | | | |
| | | 43. Toilet facilities supplied, properly constructed, clean | | | | | |
| | | 44. Premises clean, vermin proof; personal items separate | | | | | |
| | | 45. Floors, walls and ceilings maintained and clean | | | | | |
| | | 46. No unapproved living or sleeping quarters | | | | | |
| | | 47. Signs posted; Permit & inspection report available | | | | | |
| | | 48. Plan Review Required | | | | | |

| No PHF [] | | | | | |
|------------|----------------|--------------------------|----|------|----------|
| °F | Food | Location | °F | Food | Location |
| <u>136</u> | <u>RICE</u> | <u>ATOP S-TABLE</u> | | | |
| <u>151</u> | <u>CHICKEN</u> | <u>" " "</u> | | | |
| <u>51</u> | <u>MILK</u> | <u>UNDER PREP COOLER</u> | | | |

Comments:
** FOOD TRUCK IS CLOSED ON THE FOLLOWING DATE & TIME
FOR THE FOLLOWING CRITICAL VIOLATION(S):
** CRITICAL VIOLATIONS **
⑦ Had all potentially hazardous food at/below 41°F
OR AT ABOVE 135°F AT ALL TIMES. MEASURED MILK
UNDERNEATH PREP COOLER AT 51°F. UPON FURTHER
INSPECTION THE REFRIGERATION UNIT APPEARS NON-OPERATIONAL

| | |
|-----------------------------------|---------------------------|
| Received By: <u>X [Signature]</u> | REHS: <u>Andrew Keryo</u> |
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FOOD FACILITY INSPECTION REPORT

Continuation Sheet

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| | |
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Comments:

**** CRITICAL VIOLATIONS ****

(7) ON THE TRUCK. TRUCK MUST HAVE MECHANICAL REFRIGERATION. FACILITY CLOSED UNTIL REPAIRED & INSPECTED.

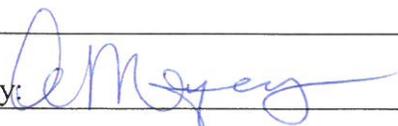
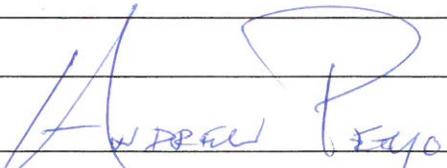
OTHER VIOLATIONS

(23) KEEP ALL INSECTS, PEST & VERMIN OUT OF THE FOOD TRUCK BY KEEPING ALL SCREENS & DOORS SHUT AT ALL TIMES. OBSERVED 6+ FLIES INSIDE TRUCK

(32) ALL CONTAINER WITH SPICES STORED IN THEM MUST BE LABELED OF CONTENTS. NO SCOOPS ALLOWED.

(35) REPAIR HANDLE(S) ON THE PREP COOLER SO THAT IT OPENS & CLOSES PROPERLY.

(36) DISCONTINUE STORING SCOOPS INSIDE DRIED GOODS & ONLY USE SPOONS OR SCOOPS W/ HANDLES THAT ARE NON-ABSORBANT & EASILY CLEANABLE.

| | |
|--|--|
| Received By:  | REHS:  |
|--|--|