

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>MONARREZ PRODUCE</u>		Inspection Date: <u>10/26/17</u>	
Address: <u>High 32, HAMILTON CITY @ RAILROAD</u>		Reinspection Date (on or after): <u>*CART IS CLOSED</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permitter: <u>ARMANDO MONARREZ</u>	Phone No.:	Inspection Time: <u>4:00</u>	Permit Exp. Date:
Certified Food Handler: <u>N/A</u>		Certificate Expiration Date: <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 checked="" type="checkbox"/> Other:			
Applicable Law <u>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code</u> (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		Out	COS
<input checked="" type="checkbox"/> In					1. Demonstration of knowledge						24. Person in charge present and performs duties
<input checked="" type="checkbox"/> In					2. Communicable disease restrictions						25. Personal cleanliness and hair restraints
<input checked="" type="checkbox"/> In		<input checked="" type="checkbox"/> N/O			3. Discharge of eyes, nose, mouth						26. Approved thawing methods used
<input checked="" type="checkbox"/> In		<input checked="" type="checkbox"/> N/O			4. Eating, tasting, drinking, tobacco use						27. Food separated and protected
<input checked="" type="checkbox"/> In		<input checked="" type="checkbox"/> N/O			5. Hands clean & properly washed, glove use						28. Washing fruits and vegetables
<input checked="" type="checkbox"/> In					6. Handwashing facilities available		<input checked="" type="checkbox"/> X				29. Toxic substances properly identified, stored and used
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O			7. Proper hot and cold food holding temps						30. Food storage, 31. Self service, 32. Labeled
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O			8. Time as a public health control, records					<input checked="" type="checkbox"/> X	33. Nonfood contact surfaces clean
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O			9. Proper cooling methods						34. Warewashing facilities maintained, test strips
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O			10. Proper cooking time and temps						35. Equipment, utensils, approved, clean good repair
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O			11. Reheating temperature for hot holding						36. Equipment, utensils and linens, storage and use
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O			12. Returned and reservice of food						37. Vending Machines
<input checked="" type="checkbox"/> In					13. Food safe and unadulterated						38. Adequate ventilation and lighting
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O			14. Food contact surfaces clean and sanitized						39. Thermometers provided and accurate
<input checked="" type="checkbox"/> In					15. Food from approved source						40. Wiping cloths properly used and stored
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O			16. Shell stock tags, 17. Gulf Oyster regs						41. Plumbing, proper backflow prevention
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O			18. Compliance with HACCP plan						42. Garbage properly disposed, facilities maintained
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O			19. Advisory for raw/undercooked food						43. Toilet facilities supplied, properly constructed, clean
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O			20. Health care/ School prohibited food						44. Premises clean, vermin proof; personal items separate
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O			21. Hot & cold water. Temp: °F						45. Floors, walls and ceilings maintained and clean
<input checked="" type="checkbox"/> In					22. Wastewater properly disposed						46. No unapproved living or sleeping quarters
<input checked="" type="checkbox"/> In					23. No rodents, insects, birds, animals						47. Signs posted; Permit & inspection report available
											48. Plan Review Required

No PHF <input checked="" type="checkbox"/> N/A					
°F	Food	Location	°F	Food	Location

Comments: VIOLATIONS:

(6) HANDWASHING JUG SHALL BE LOCATED IN A LOCATION THAT WILL FACILITATE HANDWASHING. HANDWASHING SETUP WAS OVER SOME FRUIT.

(32) RE-PACKAGED NUTS SHALL BE PROPERLY LABELED WITH CONTENTS & WEIGHT & SOURCE.

(A9) * FOOD FACILITY CLOSED ON ABOVE TIME & DATE FOR FAILURE TO PAY PERMIT FEES. RECONCILE FEES WITH G.C.E.H.

Received By: Armando Monarrez REHS: Andrew Pedro