

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>EL PATIO</u> | | Inspection Date: <u>7/26/18</u> | |
| Address: <u>575 BROADWAY AVE, HAMILTON CITY</u> | | Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small> | |
| Owner/Permittee: <u>ALEJANDRO ORTIZ</u> | Phone No.: | Inspection Time: <u>2:30</u> | Permit Exp. Date: |
| Certified Food Handler: <u>ALEJANDRO ORTIZ</u> | | Certificate Expiration Date: <u>4/4/20</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</u> ("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 | | | Out | COS |
|---|-----|-----|---|--|-----|-----|-----|--|---|-----|-----|
| In | | | 1. Demonstration of knowledge | | | | | | 24. Person in charge present and performs duties | | |
| In | | | 2. Communicable disease restrictions | | | | | | 25. Personal cleanliness and hair restraints | | |
| In | N/O | | 3. Discharge of eyes, nose, mouth | | | | | | 26. Approved thawing methods used | | |
| In | N/O | | 4. Eating, tasting, drinking, tobacco use | | | | | | 27. Food separated and protected | | |
| In | N/O | | 5. Hands clean & properly washed, glove use | | | | | | 28. Washing fruits and vegetables | | |
| In | | | 6. Handwashing facilities available | | | | | | 29. Toxic substances properly identified, stored and used | | |
| In | N/A | N/O | 7. Proper hot and cold food holding temps | | | X | | | 30. Food storage, 31. Self service, 32. Labeled | | |
| In | N/A | | 8. Time as a public health control, records | | | | | | 33. Nonfood contact surfaces clean | | |
| In | N/A | N/O | 9. Proper cooling methods | | | | | | 34. Warewashing facilities maintained, test strips | | |
| In | N/A | N/O | 10. Proper cooking time and temps | | | | | | 35. Equipment, utensils, approved, clean good repair | X | |
| In | N/A | N/O | 11. Reheating temperature for hot holding | | | | | | 36. Equipment, utensils and linens, storage and use | | |
| In | N/A | N/O | 12. Returned and reservice of food | | | | | | 37. Vending Machines | | |
| In | | | 13. Food safe and unadulterated | | | | | | 38. Adequate ventilation and lighting | | |
| In | N/A | N/O | 14. Food contact surfaces clean and sanitized | | | | | | 39. Thermometers provided and accurate | | |
| In | | | 15. Food from approved source | | | | | | 40. Wiping cloths properly used and stored | | |
| In | N/A | N/O | 16. Shell stock tags, 17. Gulf Oyster regs | | | | | | 41. Plumbing, proper backflow prevention | | |
| In | N/A | N/O | 18. Compliance with HACCP plan | | | | | | 42. Garbage properly disposed; facilities maintained | | |
| In | N/A | N/O | 19. Advisory for raw/undercooked food | | | | | | 43. Toilet facilities supplied, properly constructed, clean | | |
| In | N/A | | 20. Health care/ School prohibited food | | | | | | 44. Premises clean, vermin proof; personal items separate | | |
| In | | | 21. Hot & cold water. Temp: <u>120</u> °F | | | | | | 45. Floors, walls and ceilings maintained and clean | X | |
| In | | | 22. Wastewater properly disposed | | | | | | 46. No unapproved living or sleeping quarters | | |
| In | | | 23. No rodents, insects, birds, animals | | | | | | 47. Signs posted; Permit & inspection report available | | |
| | | | | | | | | | 48. Plan Review Required | X | |

| No PHF [] | | | | | |
|------------|---------------|----------------------------|----|-------------|----------------------------------|
| °F | Food | Location | °F | Food | Location |
| 41 | GUACAMOLE | SMALL PREP COOLER | 48 | CHEESE CAKE | SMALL FRONT FRIDGE (SINGLE DOOR) |
| 165 | BEEF COLORADO | ATOP STEAM TABLE | | | |
| 40 | RAW EGG | ATOP 2-DOOR F. COOLER | | | |
| 47 | HORCHATA | SINGLE DOOR FRIDGE (FRONT) | | | |

Comments: VIOLATIONS:

⑦ Hold ALL POTENTIALLY HAZARDOUS FOOD AT/BELOW 41°F OR AT/ABOVE 135°F AT ALL TIMES. MEASURED HORCHATA @ 47°F IN FRONT SINGLE DOOR FRIDGE. REMOVE ALL P.H.F.'S AND DISCONTINUE USING FRIDGE UNTIL REPAIRED.

③5 REPAIR/REPLACE THE FOLLOWING:

1) REPAIR THE LEAK INSIDE SMALL KITCHEN PREP COOLER

Received By: JAN [Signature] REHS: ANDREW [Signature]

FOOD FACILITY INSPECTION REPORT

Continuation Sheet

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

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

Page 2 of 2

| | |
|---|------------------------------------|
| Name of Facility/ DBA: <u>EL PATIO</u> | Inspection Date: <u>7/26/18</u> |
| Address: <u>PAGE 2</u> | |
| Owner/Permitee: | |
| Applicable Law CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code | |

Comments: VIOLATIONS (CONT.)

2) ~~REPLACE~~ REPAIR THE LIGHT INSIDE THE SMALL PREP COOLER.

3) REPAIR THE WALK-IN CONDENSATOR/COMPRESSOR OR TURN DOWN THE THERMOSTAT. THE WALK-IN IS NOT HOLDING PROPER TEMP.

4) REPAIR THE WALK-IN DOOR SO THAT IT CLOSES PROPERLY.

5) RE-PAINT OR RESURFACE THE BACK ROOM SHELVING THE PAINT HAS COMPLETELY WORN OFF.

35) REPLACE NON-COMMERCIAL GALAXY FRIDGE/FREEZER WITH A COMMERCIAL GRADE, N.S.F. APPROVED MODEL.

45) REPAIR THE TILE FLOORING INSIDE THE WALK-IN FRIDGE

45) CLEAN & SANITIZE THE LIGHT ^(COVER LIGHTS) SHIELDS INSIDE THE KITCHEN.

48) A PLAN REVIEW IS REQUIRED WHEN CHANGING OR REMODELING A FOOD FACILITY, INCLUDING CHANGING THE FLOORING. SUBMIT PLANS TO G.C.E.H W/ FEE FOR THE PLAN CHECK. PLAN REVIEW APPLICATION IS ONLINE AT: WWW.COUNTYOFGLENN.NET.

| | |
|---------------------------------|---------------------------|
| Received By: <u>[Signature]</u> | REHS: <u>ANDREW PERRY</u> |
|---------------------------------|---------------------------|