# FOOD FACILITY INSPECTION REPORT

## GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

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



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|---|---|
| Name of Facility/ DBA: ELENITA'S MEXICAN RESTAURANT | Inspection Date: 7/5/16 |
| Address: 239 W. WOOD ST., WILLOWS, CA | Reinspection Date (on or after): NEXT INSPECTION (Reinspections are subject to fees) |
| Owner/Permitee: EDGAR & TENNELLE CURIEL — Phone No.: | Inspection Time: 8:00 — Permit Exp. Date: |
| Certified Food Handler: - SIGNED UP FOR CLASS | Certificate Expiration Date: (Certificate expires five years after it is issued) |

Service: ☐ Routine Inspection ☐ Reinspection ☐ Complaint ☒ Construction/Pre-opening ☐ 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 | | 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 | | | | 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 | | |
| 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: _____ °F | | | | 45. Floors, walls and ceilings maintained and clean | | |
| 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 | | |

**No PHF [ ]** * NO TEMPS TAKEN AT CONST. INSPECTION

| °F | Food | Location | °F | Food | Location |
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Comments:

* BATHROOM REMODEL IS APPROVED BY G.C.E.H. FACILITY IS APPROVED TO OPEN ON THE ABOVE DATE & TIME.

CORRECT THE FOLLOWING:

- PAINT OR RE-FINISH CEMENT FLOOR IN THE FOOD STORAGE AREA & ADD COVINING TO WALLS.

Received By: [signature] REHS: ANDREW PEYO