

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: TACOS EL PATIO		Inspection Date: 12/1/15	
Address: 595 LOS ROBLES AVE, HAMILTON CITY		Reinspection Date (on or after): *NEXT INSPECTION <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: ALEJANDRO ORTIZ	Phone No.: 826-3644	Inspection Time: 8:30	Permit Exp. Date:
Certified Food Handler: IRMA MEDINA		Certificate Expiration Date: 4/1/26 <small>(Certificate expires five years after it is issued)</small>	
Service: <input type="checkbox"/> Routine Inspection <input checked="" type="checkbox"/> Reinspection <input type="checkbox"/> Complaint <input type="checkbox"/> Construction/Pre-opening <input type="checkbox"/> 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					
<input checked="" type="checkbox"/> In					1. Demonstration of knowledge
<input checked="" type="checkbox"/> In					2. Communicable disease restrictions
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/O				3. Discharge of eyes, nose, mouth
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/O				4. Eating, tasting, drinking, tobacco use
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/O				5. Hands clean & properly washed, glove use
<input checked="" type="checkbox"/> In					6. Handwashing facilities available
<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
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A				8. Time as a public health control, records
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O			9. Proper cooling methods
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O			10. Proper cooking time and temps
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O			11. Reheating temperature for hot holding
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O			12. Returned and reservice of food
<input checked="" type="checkbox"/> In					13. Food safe and unadulterated
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O			14. Food contact surfaces clean and sanitized
<input checked="" type="checkbox"/> In					15. Food from approved source
<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
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O			18. Compliance with HACCP plan
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/O			19. Advisory for raw/undercooked food
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A				20. Health care/ School prohibited food
<input checked="" type="checkbox"/> In					21. Hot & cold water Temp: 120° °F
<input checked="" type="checkbox"/> In					22. Wastewater properly disposed
<input checked="" type="checkbox"/> In					23. No rodents, insects, birds, animals
					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
					33. Nonfood contact surfaces clean
					34. Warewashing facilities maintained, test strips
					35. Equipment, utensils, approved, clean good repair
					36. Equipment, utensils and linens, storage and use
					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 <input checked="" type="checkbox"/> * NO TEMPS TAKEN AT RE-INSPECTION					
°F	Food	Location	°F	Food	Location

Comments: **** FACILITY IS ~~APPROVED~~ ON THE ABOVE DATE & TIME TO OPEN.**

- ALL VIOLATIONS CORRECTED AT THE TIME OF INSPECTION.

Received By: **Alex Ortiz** REHS: **Andrew P...**