FOOD FACILITY INSPECTION REPORT GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

225 N. Tehama Street, Willows, CA 95988 Phone (530) 934-6102 FAX (530) 934-6103 Page 1 of

| | | * | Phone (5 | 30) 934 | 4-6102 | FAX (| 530) 934-6103 | | | | |
|--|-------------------|------------|--|----------------------|--|----------|---------------------|--|------------------------------|----------|-------|
| Name of Facility/ DBA: Inspection Date: | | | | | | | | | | | |
| Address: 458 Humboldt Ave, Willows, CA | | | | | | | | 4/11/23 | | | |
| Addr | 68 Hu | mbala | Reinspection Date (on or 4/14/123 (Reinspections are subject to fees) | after): | | | | | | | |
| OWIN | ci/i cillitiec. | | | Inspection Time: | Permit E | xp. Date | 2: | | | | |
| Isalas Esparza | | | | | | | 3:00 pm | | | 06/30/23 | |
| Certi | fied Food Handl | er: | | | | | | | Certificate Expiration Date: | | |
| | NOT AV | AIL | ABLE | | | | | | | | |
| Servi | | itine Insp | The state of the s | aint | (Certificate expires five years after it is issued) □ Construction/Pre-opening □ Other: | | | suea) | | | |
| Applic | cable Law CALIFO | ORNIA RE | TAIL FOOD CODE ("CalCode), Beginning with s | section i | | | | ode (See reverse side of sheet for sur | nmary) | 1.50 | |
| | In = In complia | | | | | | | | | | |
| | III — III compila | | | Maj | Maj = M | COS | olation Out = It | tems not in compliance COS | = Correcte | Out Out | COS |
| In | | _ | monstration of knowledge | | X | 000 | 24. Person in ch | arge present and performs duties | S | Out | 1 005 |
| In | N/O | | mmunicable disease restrictions | | | | | anliness and hair restraints | | | |
| In In | N/O N/O | | scharge of eyes, nose, mouth ting, tasting, drinking, tobacco use | | | | | awing methods used ted and protected | | | |
| lì | N/O | | nds clean & properly washed, glove use | | | | | its and vegetables | | - | + |
| ln | | 6. Hai | ndwashing facilities available | | | | | nces properly identified, stored | and used | | |
| In | N/A N/O | | oper hot and cold food holding temps | | | | | e, 31. Self service, 32. Labeled | | | |
| In (| N/A N/A N/O | | ne as a public health control, records uper cooling methods | | | | | ntact surfaces clean g facilities maintained, test strip | 5 | - | - |
| In | N/A N/O | | oper cooking time and temps | | | | | itensils, approved tean good re | | Q | - |
| Jn) | N/A N/O | 11. Re | heating temperature for hot holding | | | | | atensils and linens, storage and a | | / | |
| _ | N/A N/O | | turned and reservice of food | | | | 37. Vending Mad | | | | |
| In In | N/A N/O | | od safe and unadulterated od contact surfaces clean and sanitized | | | | | ntilation and lighting | | X | |
| In | 1071 | | od from approved source | | | | | rs provided and accurate s properly used and stored | _ | | |
| In | N/A N/O | 16. She | ell stock tags, 17. Gulf Oyster regs | | | | | oper backflow prevention | | X | |
| | N/A N/O | | mpliance with HACCP plan | | | | 42. Garbage prop | perly disposed; facilities maintai | ned | | |
| $\overline{}$ | N/A N/O | | visory for raw/undercooked food alth care/ School prohibited food | | | | 43. Toilet faciliti | es supplied, properly constructe | d, clean | | |
| (In | 10/11 | | t & cold water. Temp: 20 °F | | | | 45 Floors walls | an, vermin proof; personal items and ceilings maintained and clea | separate | | |
| <u>J</u> n | | | stewater properly disposed | | | | | ed living or sleeping quarters | 411 | | |
| In, | | 23. No | rodents, insects, birds, animals | 1021 | | | | Permit & inspection report avail | lable | | |
| | | | | | | | 48. Plan Review | Required | | | |
| No P | HE [] | | | | 201-11-11- | | | | | | _ |
| °F | Food | | Location | | °F | T | Food | Loop | 4: | | |
| Г | | <u> </u> | Location | | F | | | Location Sandwich top refriegentin | | | 100 |
| 141 | 41 Rice | | Warmers (not water) | (hot water) below | | Onions | | *************************************** | | | |
| 160 | 60 locat | | Warmers | | 40 | cucambos | | sondaichtop re | foidge | etle | n |
| 157 | 157 Chicken | | wormers | | | | | , | | | |
| | , | | | | | | | | | | |
| Com | ments: | | | | | | | | | | |
| 1 | | _ | 0 | | | | | | | | |
| 1) (| estifica- | Him . | for food safety mana | ~ ~~ | 1.204 | | tool to be | Lacking MIL | 26. | 99 | 1 |
| | | 100 | 5 1800 20101 17414 | 9 | , | 3 100 | 100 10 100 | 100 11 10 10 | 30 4 A | action | us |
| 5 | hall h | ave | food safety cert. | tor | ma | nag | us. Pro | vide with (00 | dan | 504 | 2 |
| + | o days | da | te 6/11/23. | | | 0 | | | | 3 | |
| | 9 | | | | | | | 1 | | | |
| | | | | | 160 | | | 0 | | | |
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| | | - | 3700 | | | | | | | | |
| | | | | | | | | 9 27 | | | |
| | | | ann Espa | | | | 1 . | 2/ /4 | | | |
| Recei | ved By: | 100 | alla Elna | a | DE | LIC. | Lay & | Shallla | | | |

OFFICIAL INSPECTION REPORT

Continuation Sheet

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

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

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|------|----|--|
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| Name of Facility/ DBA: | Inspection Date: |
|---|--|
| Tipsy Burro Cantina & Grill Address: | 41112 |
| Address: 458 Humboldt Ave, Willows CA Owner/Permitee: | |
| Isaias Esparza | |
| Comments: | |
| 34) Test strips for sanitizing solution ob | served to be lacking in |
| food facility. Provide appropriate test st | rips for ware washing. |
| 35) White non-commercial refridgeration / freezer ob | served in poor walk-in cooler |
| that is not in use. / All equipment in food facility | |
| approved. Provide ANSI/NSF grade comme | rical refridgeration unit. |
| 35) 2-Door sandwich top refridention unit 1 | |
| in disrepair. / Repair the door or replace un | |
| 38) Cord board Observed in Walk-in cooler | |
| being used as an air flow device. Remove | |
| Plastic is an acceptable material. | |
| 38) The lightbulb under the mechanical ventil | ation system (hood) noted |
| to be in inadequate working order. / Rep | |
| 4i) Hot water tap not working at the ? | The state of the s |
| Hot water was observed to be not mean | |
| top and provide 120°F water at minin | |
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| Received By: Can aria Enga REHS: | an RI 1/L |
| Received By: (A) Old REHS | LA) NULTA |