

**FOOD FACILITY INSPECTION REPORT**  
**GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT**

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

Name of Facility/ DBA: <u>FUEGO MEXICAN GRILL</u>		Inspection Date: <u>5/2/23</u>
Address: <u>148 E. WALKER STREET, ORLAND</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>
Owner/Permittee: <u>EDUARDO MARTINEZ JR</u>	Phone No.:	Inspection Time: <u>1:00</u>
Certified Food Handler: <u>MARLOS MARTINEZ</u>		Permit Exp. Date:
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:		Certificate Expiration Date: <u>2/23/23</u> <small>(Certificate expires five years after it is issued)</small>
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
<b>Critical Risk Factors for Disease</b>			Maj	Out	COS
<input checked="" type="checkbox"/>		1. Demonstration of knowledge			
<input checked="" type="checkbox"/>		2. Communicable disease restrictions			
<input checked="" type="checkbox"/>	N/O	3. Discharge of eyes, nose, mouth			
<input checked="" type="checkbox"/>	N/O	4. Eating, tasting, drinking, tobacco use			
<input checked="" type="checkbox"/>	N/O	5. Hands clean & properly washed, glove use			
<input checked="" type="checkbox"/>		6. Handwashing facilities available			
<input checked="" type="checkbox"/>	N/A	N/O 7. Proper hot and cold food holding temps			
<input checked="" type="checkbox"/>	N/A	N/O 8. Time as a public health control, records			
<input checked="" type="checkbox"/>	N/A	N/O 9. Proper cooling methods			
<input checked="" type="checkbox"/>	N/A	N/O 10. Proper cooking time and temps			
<input checked="" type="checkbox"/>	N/A	N/O 11. Reheating temperature for hot holding			
<input checked="" type="checkbox"/>	N/A	N/O 12. Returned and reserve of food			
<input checked="" type="checkbox"/>		13. Food safe and unadulterated			
<input checked="" type="checkbox"/>	N/A	N/O 14. Food contact surfaces clean and sanitized			
<input checked="" type="checkbox"/>		15. Food from approved source			
<input checked="" type="checkbox"/>	N/A	N/O 16. Shell stock tags, 17. Gulf Oyster regs			
<input checked="" type="checkbox"/>	N/A	N/O 18. Compliance with HACCP plan			
<input checked="" type="checkbox"/>	N/A	N/O 19. Advisory for raw/undercooked food			
<input checked="" type="checkbox"/>	N/A	20. Health care/ School prohibited food			
<input checked="" type="checkbox"/>		21. Hot & cold water. Temp: <u>110</u> °F		X	
<input checked="" type="checkbox"/>		22. Wastewater properly disposed			
<input checked="" type="checkbox"/>		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			X
		36. Equipment, utensils and linens, storage and use			X
		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			X
		46. No unapproved living or sleeping quarters			
		47. Signs posted; Permit & inspection report available			
		48. Plan Review Required			

**No PHF [ ]**

°F	Food	Location	°F	Food	Location
<u>41</u>	<u>CHEESE</u>	<u>BELOW PREP COOLER</u>			

Comments:  
\*\* THE FACILITY IS APPROVED AT THE ABOVE DATE AND TIME, A PERMIT WILL BE MAILED OUT IN THE NEXT FEW WEEK.

- CORRECT THE FOLLOWING!
- (21) PROVIDE HOT WATER OF AT LEAST >120 °F AT THE 3-COMPARTMENT SINK (FRONT).
  - (39) PROVIDE A SCOOP HOUSTER FOR THE BACK ICE MACHINE.

Received By: [Signature] REHS: Andrew Perno