## FOOD FACILITY INSPECTION REPORT

# GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT 225 N. Tehama Street, Willows, CA 95988 Phone (530) 924 6102 FAY (530) 934 6103

Page 1 of 2

Name	of Facility/	DBA:		Thone	330) 9	34-0102	TAA (S.	30) 934-6103	Inspection Date:			
I vaine	Name of Facility/ DBA:						44 s.					
Addro	LOS MISMOS MFF							Reinspection Date (on or after):				
Address:								FACILITY IS CLOSED ON				
Owner/Permitee: Phone No.:									(Reinspections are subject to fees)			
Owner/Permitee:					Phone No.:				Inspection Time: Permit Exp. Date:			
LOSE MOPALES									4:00			
Certified Food Handler: The								Certificate Expiration Date	e:			
ARMIDA MARQUEZ								(Certificate expires five years after it is issued)				
								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												
	III — III COIII	mane		ritical Risk Factors for Disease	Mai		COS	Janon Out – nems	not in compnance COS	- Corrected	Out	COS
Tib				instration of knowledge	Triag		000	24. Person in charge	present and performs duties	S	Out	COB
Tn)		_		. Communicable disease restrictions					nliness and hair restraints			
(In)	N/			arge of eyes, nose, mouth					d thawing methods used			
In	N/ N/			, tasting, drinking, tobacco use		-		27. Food separated a				
(In)	IN/	_		s clean & properly washed, glove use washing facilities available	$\vdash$			28. Washing fruits a		and used	-	
	N/A N/			r hot and cold food holding temps	×	×			es properly identified, stored and used 31. Self service, 32. Labeled			
In	NTA		8. Time	as a public health control, records				33. Nonfood contact surfaces clean				
In	N/A N/	_		r cooling methods					cilities maintained, test strip			
Ín	N/A N/			er cooking time and temps					sils, approved, clean good re	7.50		
	N/A N/			ating temperature for hot holding med and reservice of food	-		-	36. Equipment, uten 37. Vending Machin	sils and linens, storage and	use	×	
(E) (E)	IV/A IV/	_		safe and unadulterated	<del>                                     </del>	+		38. Adequate ventila				
and the	N/A N/	_		contact surfaces clean and sanitized					rovided and accurate		×	
(In	0		15. Food	from approved source				40. Wiping cloths pr	operly used and stored			
N/A N/O		_		stock tags, 17. Gulf Oyster regs					r backflow prevention			
In	N/A N/			pliance with HACCP plan	-	_			y disposed; facilities mainta			
	In N/O 19. Advisory for raw/undercook In N/O 20. Health care/ School prohibit				-	_			supplied, properly constructe			
111					1			TT. I Tellises cicali,	vermin proof; personal items separate			
	ava											
(In)	(LVS)	- 2	21. Hot &	cold water. Temp: Zot°F				45. Floors, walls and	l ceilings maintained and cle			
	ave.	1	21. Hot & 22. Wast					45. Floors, walls and 46. No unapproved l		ean		
In		1	21. Hot & 22. Wast	cold water. Temp: Zor°F ewater properly disposed				45. Floors, walls and 46. No unapproved l	d ceilings maintained and cle iving or sleeping quarters rmit & inspection report ava	ean		
(n) (n)		1	21. Hot & 22. Wast	cold water. Temp: Zor°F ewater properly disposed				45. Floors, walls and 46. No unapproved I 47. Signs posted; Pe	d ceilings maintained and cle iving or sleeping quarters rmit & inspection report ava	ean		
In (In )	HF []		21. Hot & 22. Wast	cold water. Temp: Zo+°F ewater properly disposed odents, insects, birds, animals		Lon		45. Floors, walls and 46. No unapproved I 47. Signs posted; Pe 48. Plan Review Red	l ceilings maintained and cle iving or sleeping quarters rmit & inspection report ava quired	ean ailable		
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No P  F  V44  USI  Com	HF [] FICE BEA	ood	21. Hot & 22. Wast 23. No ro	Location  ATOP STEAM TABLE  WIDER FREE  COOLER				45. Floors, walls and 46. No unapproved I 47. Signs posted; Pe 48. Plan Review Red  Food	l ceilings maintained and cle iving or sleeping quarters rmit & inspection report ava- quired  Loca	ation		
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## OFFICIAL INSPECTION REPORT

## **Continuation Sheet**

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LOS MISMOS MEF	Inspection Date:	7 -
Address:	6/9	
Owner/Permitee:		
Comments: WCRITICAL VIOLATION (CONT	I) **	
4) THE MECH. REFRIGERATION IS ALL I		UP AND
DOES NOT HAVE CONSISTANT COUD TE	MD (L	41°F) MET
UNIT. REPAIR	4	(103.11
	٨	
36) THE EXHAUST HOOD SHALL BE O		
DURING THE OPERATION OF THE NE		
39) A PROBE THERMOMETER SHALL BE	AVAR	ABUE TO
THE FOOD HAND LER IN THE TRU	CK AT	ALL
TIMES.		
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Proceived Process / / / / / / Proceived Process	1	)
Received By: REHS: REHS:	EW E	-yo