

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 _____

Name of Facility/ DBA: <i>Gonzalez Mongonades</i>		Inspection Date: <i>8/31/23</i>	
Address:		Reinspection Date (on or after): <i>next inspection</i> <small>(Reinspections are subject to fees)</small>	
Owner/Permitee:	Phone No.:	Inspection Time: <i>1:30pm</i>	Permit Exp. Date:
Certified Food Handler: <i>not on premise</i>		Certificate Expiration Date: <small>(Certificate expires five years after it is issued)</small>	
Service: <input type="checkbox"/> Routine Inspection <input 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						Maj	Out	COS		Out	COS	
In		1. Demonstration of knowledge					X			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					X			28. Washing fruits and vegetables		
In		6. Handwashing facilities available					X			29. Toxic substances properly identified, stored and used		
In	N/A	N/O	7. Proper hot and cold food holding temps			X			30. Food storage, 31. Self service, 32. Labeled		X	
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 reserve 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: <i>120</i> °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 []					
°F	Food	Location	°F	Food	Location
<i>45</i>	<i>cut watermelon</i>	<i>sandwich prep fridge</i>			
<i>45</i>	<i>cut pineapple</i>	<i>sandwich prep fridge</i>			

Comments:

Location of commissary in 2 inch font and name of ownership noted to be lacking on mobile food facility

1) Cut watermelon & pineapple noted to be (45°F). All PHF shall be hot held at 135°F or higher and all cold held shall be 41°F or below.

Received By: *[Signature]* REHS: *Jay Blake*

OFFICIAL INSPECTION REPORT

Continuation Sheet

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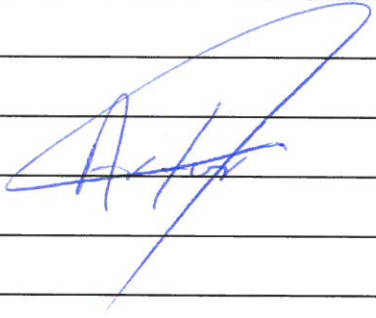
Name of Facility / DBA: Gonzalez Maryonada	Inspection Date: 8/31/23
Address: Pg 2	
Owner/Permittee: Pg 2	

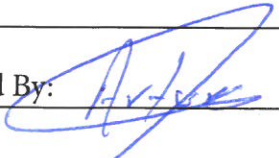
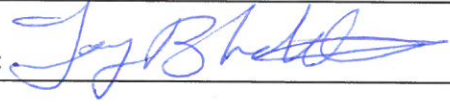
Comments:

5) Employee was observed washing hands in 3-compartment sink, using NO soap and using linen towel to dry hands. / Use handwash sink soap and paper towels to clean hands.

30) Bags of chips observed in cardboard box with no labels. / Provide labels with weight name and address as well as a Neigen.

1) Food Safety Cert for Managers observed to be lacking in facility. / Provide.



Received By: 	REHS: 
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