FOOD FACILITY INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT 247 North Villa Avenue Willows CA 05008 Page 1 of 2

			Phone	(330) 93	4-6102	FAX (5	530) 934-6103								
Name of Facility/ DBA:							3000000	Inspe	ection	Date					
<u> </u>	Address:						1716							100	
								Reinspection Date (on or after):							
	(Reinspections are subject to fees)														
Owner/Permitee: Phone No.: Inspection Time: Permit Exp.											Exp. Date	:			
	NLIO V	AZQ	JET, KOCIO VAZQU		3:30										
Certified Food Handler: MGR. - None Cuffent (Certificate										Expi	ation Da	ite:			
Servi		utine Insp			(Certificate expires five years after it is issued)										
			ection Reinspection Con					Other:		16-1	6				
1.47	2			in section	113700, €	anjorma	rreaim and sajety Code	(See Teve	rse sic	ie or si	ieet for su	immary)			
	In = In complia		N/A = Not Applicable $N/O = Not Obs$			Major vi	olation Out = Iten	ns not in	comp	liance	CO	S = Correct			
In			Critical Risk Factors for Disease	Maj	Out	COS	24 Person in charg	re nrecen	t and	nerfo	rme dutie	ac	Out	COS	
In		2. Cor	nmunicable disease restrictions	^				harge present and performs duties eanliness and hair restraints							
In	N/O		charge of eyes, nose, mouth					awing methods used							
m	N/O N/O		ng, tasting, drinking, tobacco use ds clean & properly washed, glove use				27. Food separated 28. Washing fruits	ed and protected					+		
In			dwashing facilities available		×			ces properly identified, stored and used					_		
In	N/A N/O		per hot and cold food holding temps				30. Food storage, 3	1. Self se	ervice	, 32.					
In In	N/A N/O		e as a public health control, records per cooling methods				33. Nonfood contact 34. Warewashing f				toot otel	20			
In	N/A N/O		per cooking time and temps				35. Equipment, ute						×		
In	N/A N/O		eating temperature for hot holding				36. Equipment, ute	nsils and					1		
In	N/A N/O		urned and reservice of food d safe and unadulterated				37. Vending Machi		4 1: -1-	4.5			-		
In	N/A N/O		d contact surfaces clean and sanitized				39. Thermometers i	ilation and lighting provided and accurate					1		
(III)	(NVI) NVIO		d from approved source				40. Wiping cloths p	properly used and stored							
	N/A N/O		Il stock tags, 17. Gulf Oyster regs				41. Plumbing, prop	per backflow prevention							
	N/A N/O		isory for raw/undercooked food				43. Toilet facilities	ge properly disposed; facilities maintained facilities supplied, properly constructed, clean							
In	N/A)	20. Hea	Ith care/ School prohibited food				44. Premises clean,	ses clean, vermin proof; personal items separate							
(In			& cold water. Temp: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	101-101				, walls and ceilings maintained and clean							
In			tewater properly disposed odents, insects, birds, animals	46. No unapproved living or sleeping qual als 47. Signs posted; Permit & inspection rep					vilabla						
			47. Signs posted, Perinit & Inspection report						sport ava	madic					
			11.7												
No P															
°F	Food		Location		°F	Food Location			ation						
41	GUACAM	UE	ATOP PREP COOLE	R											
40	BIEEF		2-DOOR TRUE FAIR	<u> </u>						U.S.					
	n											- 10			
140	1100	FICE ATOP STEAM TABLE										-7 - 31			
					1	1									
Com	ments:				1.									- 1	
Com	ments:	***	CRITICAL VIOLA	Top	(5)	**									
_					-		AT LEAS	ST (20	F	CER	TIFI	E-D		
DF	FOOD FA	talli	TY IS REQUIRED	70	HA	WE									
i) F	FOOD FA	talli	MANAGER AT AL	TO	HA	S.	SIGN-UP	DBT	Air					2	
i) F	FOOD FA	talli	MANAGER AT ALL DAYS. COMPLIAN	TO	HA	S.	SIGN-UP	DBT	Air					2	
D F Feoi	FOOD FA	terli Ty	MANAGER AT ALL DAYS. COMPLIAN OTHER VIOLA	TO	HA ME DA	S	SIGN-UP) > 3/7	16.	Air	7	CER	TIFIC	ATIO		
D F Feoi	FOOD FA	terli Ty	MANAGER AT ALL DAYS. COMPLIAN	TO	HA ME DA	S	SIGN-UP) > 3/7	16.	Air	7	CER	TIFIC	ATIO		
Feor	FOOD FATELLY OF HAND I	TY /	MANAGER AT ALL DAYS. COMPLIAN OTHER VIOLA	TO	HA ME DA DA	S. O	SIGN-UP > 3/7 >, 0/3 FUS	DBT	AI	J -D	CER	OTHE	ATIO Più	ise	
D F FOOT NIT	FOOD FATELLY OF HAND I	TY /	MANAGER AT ALL DAYS. COMPLIAN OTHER VIOLATION OF SHALL BE	TO	HA ME DA LOC AIL	S. O	SIGN-UP) 3/7 D, OBFUS	DBT 16.	AI.	J -D	OR TE	OTHE	ATIO Più	ise	

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 Page 2 of 2

Name of Facility/ DBA:	Inspection Date:
CILANTROS	1716
Address:	1
Owner/Permitee:	L
1791	
Comments:	
Comments: OTHER VIOLATIONS (CONT.)	
(KITCHEN HAND SINK WAS BLOCKED BY A	PREP CART.
35 CLEAN & SANITIZE THE RUBBER SEHLS AN	D DOORS ON ALL
THE KITCHEN APPLIANCES.	
30 DISCONTINUE STORING DRINKING GLASSES	WITH THE LIP
DOWN ON DIRTY SHEWING STORE ONLY L	
LIP SIDE DOWN ON A WASHABLE TRAY	No.
-	
Received By: Received By: REHS: REHS:	