

FOOD FACILITY INSPECTION REPORT

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

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

Name of Facility/ DBA: <u>LA PERLA DEL PACIFICO</u>		Inspection Date: <u>11/17/15</u>	
Address: <u>595 LOS ROBLES AVE, HAMILTON CITY</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>ALEJANDRO ORTIZ</u>	Phone No.: <u>826-3644</u>	Inspection Time: <u>2:30</u>	Permit Exp. Date:
Certified Food Handler: <u>ALEJANDRO ORTIZ</u>		Certificate Expiration Date: <u>9/4/20</u> <small>(Certificate expires five years after it is issued)</small>	
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:			
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			
<input checked="" type="checkbox"/>	In								24. Person in charge present and performs duties		
<input checked="" type="checkbox"/>	In								25. Personal cleanliness and hair restraints		
<input checked="" type="checkbox"/>	In		N/O						26. Approved thawing methods used		
<input checked="" type="checkbox"/>	In		N/O						27. Food separated and protected		X
<input checked="" type="checkbox"/>	In		N/O						28. Washing fruits and vegetables		
<input checked="" type="checkbox"/>	In								29. Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/>	In	N/A	N/O						30. Food storage, 31. Self service, 32. Labeled		X
<input checked="" type="checkbox"/>	In	N/A							33. Nonfood contact surfaces clean		
<input checked="" type="checkbox"/>	In	N/A	N/O						34. Warewashing facilities maintained, test strips		
<input checked="" type="checkbox"/>	In	N/A	N/O						35. Equipment, utensils, approved, clean good repair		X
<input checked="" type="checkbox"/>	In	N/A	N/O						36. Equipment, utensils and linens, storage and use		
<input checked="" type="checkbox"/>	In	N/A	N/O						37. Vending Machines		
<input checked="" type="checkbox"/>	In								38. Adequate ventilation and lighting		
<input checked="" type="checkbox"/>	In	N/A	N/O				X		39. Thermometers provided and accurate		
<input checked="" type="checkbox"/>	In								40. Wiping cloths properly used and stored		
<input checked="" type="checkbox"/>	In	N/A	N/O				X		41. Plumbing, proper backflow prevention		
<input checked="" type="checkbox"/>	In	N/A	N/O						42. Garbage properly disposed; facilities maintained		
<input checked="" type="checkbox"/>	In	N/A	N/O						43. Toilet facilities supplied, properly constructed, clean		
<input checked="" type="checkbox"/>	In	N/A							44. Premises clean, vermin proof; personal items separate		
<input checked="" type="checkbox"/>	In								45. Floors, walls and ceilings maintained and clean		X
<input checked="" type="checkbox"/>	In								46. No unapproved living or sleeping quarters		
<input checked="" type="checkbox"/>	In					X	X		47. Signs posted; Permit & inspection report available		
<input checked="" type="checkbox"/>	In								48. Plan Review Required		

No PHF []					
°F	Food	Location	°F	Food	Location
38	CLAMS	ATOP PREP COOLER			
41	BACON	2-DOOR TRUE FRIDGE			
40	SALSA	STORAGE ROOM PREP COOLER			
38	CEVICHE	2-DOOR PREP COOLER			

Comments:

CRITICAL VIOLATIONS

23 KEEP FACILITY FREE OF ALL PESTS, INSECTS & VERMIN AT ALL TIMES, OBSERVED LIVE & DEAD ROACHES IN THE FACILITY. CONTACT PEST CONTROL AND INCREASE TREATMENTS.

OTHER VIOLATIONS

14 DISHWASHING SHALL BE DONE USING A 3-STEP METHOD IN THE 3-COMPARTMENT SINK. WASH/RINSE/SANITIZE MUST BE DONE

Received By: X Admaria B Robles REHS: Andrew Peco

OFFICIAL INSPECTION REPORT
Continuation Sheet
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Comments:

OTHER VIOLATIONS (CONT.)

- ⑭ USING THE 3-COMP SINK.
- ⑰ A FACILITY THAT SELLS GULF OYSTERS MUST PROVIDE A WRITTEN ADVISORY TO THE CONSUMER THAT STATES THE RISKS OF CONSUMING RAW OYSTERS. THIS CAN BE PRINTED IN THE MENU OR USING A TENT CARD AT THE TABLE.
- ⑲ STORE ALL RAW POTENTIALLY HAZARDOUS FOOD BELOW OR AWAY FROM READY TO EAT FOODS. OBSERVED BACON & EGGS ABOVE VEGIS & FRUITS.
- ⑳ STORE ALL FOOD AT LEAST 6 INCHES OFF OF THE FLOOR. OBSERVED SACKS OF SALT ON THE FLOOR.
- ㉓ LABEL ALL RE-PACKAGED FOOD CONTAINERS WITH FOOD CONTENT WHEN NOT EASILY RECOGNIZABLE. SOME SPICES ~~W~~ NOT IN ORIGINAL CONTAINER WERE UN-LABELED.
- ㉔ CLEAN & SANITIZE THE FOLLOWING:
 - 1) THE ICE SCOOP & CONTAINER
 - 2) ALL APPLIANCES IN THE KITCHEN. (GRILL, STOVE, ETC) ALL WERE GREASY/DIRTY
 - 3) ALL HANDLES ON MOST REFRIGERATORS/FREEZERS ETC.
 - 4) THE KNIFE MAGNET IN THE KITCHEN.
- ㉕ CLEAN/SANITIZE/DE GREASE FLOORING IN THE STORAGE ROOM AND BACK ROOM.
- ㉖ REPAIR/REPLACE COVING IN PREP AREA/KITCHEN WHERE IT IS MISSING OR COMING OFF OF THE WALL.

Received By:

Adriana B Robles

REHS:

Andrew P