

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>ELENITAS</u>		Inspection Date: <u>10/20/22</u>	
Address: <u>239 W. WOOD ST., WILLOWS</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>EDGAR & TENNELLE CURIEL</u>	Phone No.:	Inspection Time: <u>3:30</u>	Permit Exp. Date: <u>-</u>
Certified Food Handler: <u>TENNELLE CURIEL</u>		Certificate Expiration Date: <u>1/26/24</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 <u>CALIFORNIA RETAIL FOOD CODE</u> ("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	
<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 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	N/A	N/O					38. Adequate ventilation and lighting	
<input checked="" type="checkbox"/> In	N/A	N/O					39. Thermometers provided and accurate	
<input checked="" type="checkbox"/> In	N/A	N/O					40. Wiping cloths properly used and stored	
<input checked="" type="checkbox"/> In	N/A	N/O					41. Plumbing, proper backflow prevention	X
<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	N/O					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							47. Signs posted; Permit & inspection report available	
<input checked="" type="checkbox"/> In					X		48. Plan Review Required	

No PHF []					
°F	Food	Location	°F	Food	Location
40	RAW SHRIMP	2-DOOR TRUE FRIDGE			
140	REFRIED BEANS	ATOP STEAM TABLE			
45	GUALAMOLE	ATOP PREP COOLER			
40	CHICKEN	2-DOOR FRIDGE			

Comments: CORRECT THE FOLLOWING:

23 KEEP THE FACILITY FREE OF ALL PESTS, INSECTS, VERMIN ETC. ALL ALL TIMES. ~ OBSERVED A FEW FLIES IN KITCHEN AREA

32 LABEL ALL BULK FOODS OR SPICES SO THAT THE COMMON NAME IS VISABLE. ~ OBSERVED ONE BIN WITHOUT LABEL - OWNER CORRECTED.

Received By: [Signature] REHS: ANDREW PERRY

OFFICIAL INSPECTION REPORT

Continuation Sheet

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

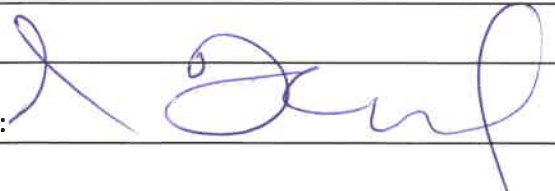
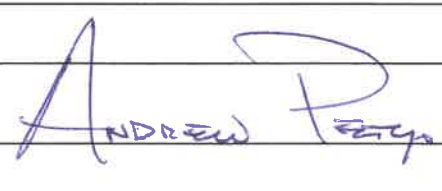
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Name of Facility / DBA: ELENITAS	Inspection Date: 10/20/22
Address: PAGE 2	
Owner/Permitee: PAGE 2	

Comments: CORRECT THE FOLLOWING:

- 35 CLEAN & SANITIZE UNDER THE SODA MACHINE.
- 41 CLEAN THE SEMI-CLOGGED FLOOR DRAIN UNDER THE 3-COMP SINK IN THE BACK ROOM.
- 45 REPAIR THE COVING COMING OFF WALLS IN THE KITCHEN AREA.
- 45 CLEAN/SANITIZE/DEGREASE CEILING ABOVE THE EXHAUST HOOD STRAID, IT IS VERY GREASY.

Received By: 	REHS: 
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