



**COMMUNITY ENVIRONMENTAL HEALTH PROGRAM**  
**RETAIL FOOD PROTECTION - OFFICIAL INSPECTION REPORT**

(800) 442-2283

[www.sbcounty.gov/dph/dehs](http://www.sbcounty.gov/dph/dehs)

|  |                            |                                |                              |   |   |
|--|----------------------------|--------------------------------|------------------------------|---|---|
| FACILITY NAME<br><b>EL RANCHERO RESTAURANT</b>   |                            |                                |                              | DATE<br><b>6/16/2014</b>                  | SIGNATURE<br>                                     |
| LOCATION<br><b>8697 19TH ST, RANCHO CUCAMONGA, CA 91701</b>  |                            |                                |                              | REINSPECTION DATE<br><b>Not Specified</b> | PERMIT EXPIRATION<br><b>12/31/2013</b>            |
| MAILING ADDRESS<br><b>8697 19TH ST, RANCHO CUCAMONGA, CA 91701</b>   |                            |                                |                              | REHS<br><b>Isaac Gebreslassie</b>         |   |
| <input checked="" type="checkbox"/> FACILITY <input type="checkbox"/> OWNER <input type="checkbox"/> ACCOUNT |                            |                                |                              | PROGRAM IDENTIFIER: None                  |   |
| FA #<br><b>FA0006482</b>   | PR #<br><b>PR0013458</b>   | SR #<br><b>Not Specified</b>   | CO #<br><b>Not Specified</b> | PE<br><b>1621</b>                         | SERVICE: 112 - INVESTIGATION - LICENSE / PERMIT   |
| TIME IN<br><b>3:42 PM</b>  | TIME OUT<br><b>4:05 PM</b> | CONTACT<br><b>Not Captured</b> |                              |   | RESULT: 03 - CORRECTIVE ACTION / NO FOLLOW UP REQ |
|  |                            |                                |                              |   | ACTION: 01 - NO FURTHER ACTION REQUIRED           |

**RETAIL FOOD PROTECTION - Public Eating PI (25-99 Seats)**

**16K991 Permit Investigation**

Compliance Date: Not Specified

Not In Compliance

Violation Reference - HSC

**Inspector Comments:** Your account with the Department is seriously delinquent in the amount of \$1348.75 .  
Please pay the amount indicated in full with cash or money order within 72 hours to avoid closure.

**Violation Description:** Obtain a valid health permit within 3 days or as specified to avoid facility closure and/or other possible legal action.

**Overall Inspection Comments**

A copy of this notice to pay printed on site and handed over to manager on site.

**Photo Attachments:**

No Photo Attachments