

**FOOD FACILITY INSPECTION REPORT**  
**GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT**

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

|  |                                   |   |                   |
|--|-----------------------------------|---|-------------------|
| Name of Facility/ DBA:<br><i>Mill Street School</i>  |                                   | Inspection Date:<br><i>11/2/16</i>  |                   |
| Address:<br><i>102 Second St, Orland, CA 95963</i>   |                                   | Reinspection Date (on or after):<br><i>Next Inspection</i><br><small>(Reinspections are subject to fees)</small>    |                   |
| Owner/Permittee:<br><i>Orland Unified School District</i>  | Phone No.:<br><i>865-1240x551</i> | Inspection Time:<br><i>11:20 am</i>   | Permit Exp. Date: |
| Certified Food Handler:<br><i>Valerie Logan (+ 1 other)</i>  |                                   | Certificate Expiration Date:<br><i>5/4/20</i><br><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 <i>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code (See reverse side of sheet for summary)</i>   |                                   |   |                   |

| 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  |     | 1. Demonstration of knowledge                     |     |     |     | 24. Person in charge present and performs duties            |  |  |
| <input checked="" type="checkbox"/> In  |     | 2. Communicable disease restrictions              |     |     |     | 25. Personal cleanliness and hair restraints                |  |  |
| <input checked="" type="checkbox"/> In  | N/O | 3. Discharge of eyes, nose, mouth                 |     |     |     | 26. Approved thawing methods used                           |  |  |
| <input checked="" type="checkbox"/> In  | N/O | 4. Eating, tasting, drinking, tobacco use         |     |     |     | 27. Food separated and protected                            |  |  |
| <input checked="" type="checkbox"/> In  | N/O | 5. Hands clean & properly washed, glove use       |     |     |     | 28. Washing fruits and vegetables                           |  |  |
| <input checked="" type="checkbox"/> In  |     | 6. Handwashing facilities available               |     |     |     | 29. Toxic substances properly identified, stored and used   |  |  |
| <input checked="" type="checkbox"/> In  | N/A | N/O 7. Proper hot and cold food holding temps     |     |     |     | 30. Food storage, 31. Self service, 32. Labeled             |  |  |
| <input checked="" type="checkbox"/> In  | N/A | 8. Time as a public health control, records       |     | X   |     | 33. Nonfood contact surfaces clean                          |  |  |
| <input checked="" type="checkbox"/> In  | N/A | N/O 9. Proper cooling methods                     |     |     |     | 34. Warewashing facilities maintained, test strips          |  |  |
| <input checked="" type="checkbox"/> In  | N/A | N/O 10. Proper cooking time and temps             |     |     |     | 35. Equipment, utensils, approved, clean good repair        |  |  |
| <input checked="" type="checkbox"/> In  | N/A | N/O 11. Reheating temperature for hot holding     |     |     |     | 36. Equipment, utensils and linens, storage and use         |  |  |
| <input checked="" type="checkbox"/> In  | N/A | N/O 12. Returned and reservice of food            |     |     |     | 37. Vending Machines  |  |  |
| <input checked="" type="checkbox"/> In  |     | 13. Food safe and unadulterated                   |     |     |     | 38. Adequate ventilation and lighting                       |  |  |
| <input checked="" type="checkbox"/> In  | N/A | N/O 14. Food contact surfaces clean and sanitized |     |     |     | 39. Thermometers provided and accurate                      |  |  |
| <input checked="" type="checkbox"/> In  |     | 15. Food from approved source                     |     |     |     | 40. Wiping cloths properly used and stored                  |  |  |
| <input checked="" type="checkbox"/> In  | N/A | N/O 16. Shell stock tags, 17. Gulf Oyster regs    |     |     |     | 41. Plumbing, proper backflow prevention                    |  |  |
| <input checked="" type="checkbox"/> In  | N/A | N/O 18. Compliance with HACCP plan                |     |     |     | 42. Garbage properly disposed; facilities maintained        |  |  |
| <input checked="" type="checkbox"/> In  | N/A | N/O 19. Advisory for raw/undercooked food         |     |     |     | 43. Toilet facilities supplied, properly constructed, clean |  |  |
| <input checked="" type="checkbox"/> In  | N/A | 20. Health care/ School prohibited food           |     |     |     | 44. Premises clean, vermin proof; personal items separate   |  |  |
| <input checked="" type="checkbox"/> In  |     | 21. Hot & cold water. Temp: <i>129</i> °F         |     | X   |     | 45. Floors, walls and ceilings maintained and clean         |  |  |
| <input checked="" type="checkbox"/> In  |     | 22. Wastewater properly disposed                  |     |     |     | 46. No unapproved living or sleeping quarters               |  |  |
| <input checked="" type="checkbox"/> 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>41</i>  | <i>Eggroll</i> | <i>Metro warmer</i>  |    |      |          |
| <i>41</i>  | <i>Milk</i>    | <i>walkin cooler</i> |    |      |          |
| <i>41</i>  | <i>Milk</i>    | <i>milk cooler</i>   |    |      |          |
|            |                |                      |    |      |          |

Comments:

1) Provide a written procedure for using Time as a Public Health Control (TPHC). Facility properly uses TPHC for potentially hazardous foods but lacks written procedure.

2) Adjust tankless water heater in right-side employee restroom to provide warm water at 100°F. Warm water measured 83°F.

Received By: *Valerie Logan*      REHS: *John H. Wells*