

**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:<br><b>RIVER VALLEY CHRISTIAN SCHOOL</b>   |            | Inspection Date:<br><b>1/16/13</b>   |                   |
| Address:<br><b>8187 COUNTY ROAD 48, GLENN, CA</b>  |            | Reinspection Date (on or after):<br><b>NEXT INSPECTION</b><br><small>(Reinspections are subject to fees)</small>     |                   |
| Owner/Permittee:<br><b>LEONARD GIESBRECHT</b>  | Phone No.: | Inspection Time:<br><b>1:00</b>  | Permit Exp. Date: |
| Certified Food Handler:<br><b>MICHELLE FRIESEN</b>   |            | Certificate Expiration Date:<br><b>2/27/17</b><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 <b>CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code</b> (See reverse side of sheet for summary)   |            |  |                   |

| In = In compliance                       | N/A = Not Applicable | N/O = Not Observed                          | Maj = Major violation                           | Out | COS | Out = Items not in compliance                                | COS = Corrected On Site | Out |
|--|----------------------|---|---|-----|-----|--|-------------------------|-----|
| <b>Critical Risk Factors for Disease</b> |                      |   |   |     |     |  |                         |     |
| In                                       | N/O                  | 1. Demonstration of knowledge               |   |     |     | 24. Person in charge present and performs duties             |                         |     |
| In                                       |                      | 2. Communicable disease restrictions        |   |     |     | 25. Personal cleanliness and hair restraints                 |                         |     |
| In                                       | N/O                  | 3. Discharge of eyes, nose, mouth           |   |     |     | 26. Approved thawing methods used                            |                         |     |
| In                                       | N/O                  | 4. Eating, tasting, drinking, tobacco use   |   |     |     | 27. Food separated and protected                             |                         |     |
| In                                       | N/O                  | 5. Hands clean & properly washed, glove use |   |     |     | 28. Washing fruits and vegetables                            |                         |     |
| In                                       |                      | 6. Handwashing facilities available         |   |     |     | 29. Toxic substances properly identified, stored and used    |                         |     |
| In                                       | N/A                  | N/O   | 7. Proper hot and cold food holding temps       |     |     | 30. Food storage, 31. Self service, 32. Labeled              |                         |     |
| In                                       | N/A                  | N/O   | 8. Time as a public health control, records     |     |     | 33. Nonfood contact surfaces clean                           |                         |     |
| In                                       | N/A                  | N/O   | 9. Proper cooling methods                       |     |     | 34. Warewashing facilities maintained, test strips           |                         |     |
| In                                       | N/A                  | N/O   | 10. Proper cooking time and temps               |     |     | 35. Equipment, utensils, approved, clean good repair         |                         | X   |
| In                                       | N/A                  | N/O   | 11. Reheating temperature for hot holding       |     |     | 36. Equipment, utensils and linens, storage and use          |                         |     |
| In                                       | N/A                  | N/O   | 12. Returned and reservice of food              |     |     | 37. Vending Machines   |                         |     |
| In                                       |                      |   | 13. Food in good condition, safe, unadulterated |     |     | 38. Adequate ventilation and lighting                        |                         |     |
| In                                       | N/A                  | N/O   | 14. Food contact surfaces clean and sanitized   |     |     | 39. Thermometers provided and accurate                       |                         |     |
| In                                       |                      |   | 15. Food from approved source                   |     |     | 40. Wiping cloths properly used and stored                   |                         |     |
| In                                       | N/A                  | N/O   | 16. Shell stock tags, 17. Gulf Oyster regs      |     |     | 41. Plumbing, proper backflow prevention                     |                         |     |
| In                                       | N/A                  | N/O   | 18. Compliance with HACCP plan                  |     |     | 42. Garbage properly disposed; facilities maintained         |                         |     |
| In                                       | N/A                  | N/O   | 19. Advisory for raw/undercooked food           |     |     | 43. Toilet facilities supplied, properly constructed, clean  |                         |     |
| In                                       | N/A                  |   | 20. Health care/ School prohibited food         |     |     | 44. Premises clean and vermin proof; personal items separate |                         |     |
| In                                       |                      |   | 21. Hot & cold water. Temp: <b>120</b> °F       |     |     | 45. Floors, walls and ceilings maintained and clean          |                         |     |
| In                                       |                      |   | 22. Wastewater properly disposed                |     |     | 46. No unapproved living or sleeping quarters                |                         |     |
| In                                       |                      |   | 23. No rodents, insects, birds, animals         |     |     | 47. Signs posted; Last inspection report available           |                         |     |

| No PHF [ ] |                   |                    |    |      |          |
|------------|-------------------|--------------------|----|------|----------|
| °F         | Food              | Location           | °F | Food | Location |
|            | A1 RANCH DRESSING | 2-DOOR TRUE FRIDGE |    |      |          |
|            |                   |                    |    |      |          |
|            |                   |                    |    |      |          |

Comments:  
 - NO CRITICAL VIOLATIONS  
 \* FACILITY IS CLEAN & WELL MAINTAINED \*  
 CORRECT THE FOLLOWING:  
 (35) REPAIR/REPLACE LOOSE METAL PANEL/FLASHING INSIDE THE 2-DOOR TRUE REFRIGERATOR.  
 (35) CLEAN & SANITIZE THE INSIDE OF THE ICE MACHINE, THERE IS SOME MOLD BUILDUP.

Received By: Xelara Koch REHS: Andrew A. Petyo