

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>Plaza School</u>		Inspection Date: <u>11/20/15</u>	
Address: <u>7322 County Road 24, Orland, CA 95963</u>		Reinspection Date (on or after): <u>Coordinate with EHT.</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>Plaza School District</u>	Phone No.: <u>865-1250 x 26</u>	Inspection Time: <u>10:35am</u>	Permit Exp. Date:
Certified Food Handler: <u>Mary Lohse</u>		Certificate Expiration Date: <u>1/3/19</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 <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			
In		1. Demonstration of knowledge				24. Person in charge present and performs duties	Out	COS
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				30. Food storage, 31. Self service, 32. Labeled		
In	N/A					33. Nonfood contact surfaces clean		
In	N/A	N/O				34. Warewashing facilities maintained, test strips		
In	N/A	N/O				35. Equipment, utensils, approved, clean good repair		
In	N/A	N/O				36. Equipment, utensils and linens, storage and use		
In	N/A	N/O				37. Vending Machines		
In		13. Food safe and unadulterated				38. Adequate ventilation and lighting		
In	N/A	N/O				39. Thermometers provided and accurate		
In		15. Food from approved source				40. Wiping cloths properly used and stored		
In	N/A	N/O				41. Plumbing, proper backflow prevention		
In	N/A	N/O				42. Garbage properly disposed; facilities maintained		
In	N/A	N/O				43. Toilet facilities supplied, properly constructed, clean		
In	N/A					44. Premises clean, vermin proof; personal items separate		
In		20. Health care/ School prohibited food				45. Floors, walls and ceilings maintained and clean		
In		21. Hot & cold water. Temp: <u>122</u> °F				46. No unapproved living or sleeping quarters		
In		22. Wastewater properly disposed				47. Signs posted; Permit & inspection report available		
In		23. No rodents, insects, birds, animals		X		48. Plan Review Required		X

No PHF []					
°F	Food	Location	°F	Food	Location
41	Hard Baked <u>12 bag</u>	3-Door Coolers			
42	Milk	Milk Cooler			

Comments:
Correct the following:
 23) Eliminate the 5+ flies from facility & prevent future fly entry.
 18) Submit plans for review & proper installation of:
 a) walk-in freezer & (2) convection oven.
 a) walk-in freezer drains to pavement outside.
 b) convection oven requires down-draft diverter to vent to hood.

Received By: Mary Lohse REHS: John H. Wells