

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>MURDOCK ELEMENTARY SCHOOL</u> | | Inspection Date: <u>5/22/15</u> | |
| Address: <u>655 W. FRENCH ST., WILLOWS</u> | | Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small> | |
| Owner/Permitee: <u>WILLOWS UNIFIED SCHOOL DIST</u> | Phone No.: | Inspection Time: <u>10:30</u> | Permit Exp. Date: |
| Certified Food Handler: <u>CERYL DAVIS</u> | | Certificate Expiration Date: <u>12/7/15</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 ("CalCode), Beginning with section 113700, California Health and Safety Code</u> (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 | | | Out | COS |
|---|-----|-----|---|--|-----|-----|---|--|--|-----|-----|
| In | | | 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 | | 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 safe and 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 | | | X | |
| 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, vermin proof; personal items separate | | | | |
| In | | | 21. Hot & cold water. Temp: <u>120⁺</u> °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 | | | X | 47. Signs posted; Permit & inspection report available | | | | |
| | | | | | | | 48. Plan Review Required | | | X | |

| No PHF [] | | | | | |
|------------|----------|--------------------|----|------|----------|
| °F | Food | Location | °F | Food | Location |
| 39 | MILK | REACH-IN MILK BOX | | | |
| 145 | POTATOES | WARMING CABINET | | | |
| 40 | HAM | 2-DOOR TRUE FRIDGE | | | |

Comments:
- NO CRITICAL VIOLATIONS
CORRECT THE FOLLOWING:
(23) KEEP FACILITY FREE OF ALL INSECTS, VERMIN, PESTS ETC.
OBSERVED A FEW DEAD ROACHES UNDERNEATH DISHWASHER.
(35) REPAIR LEAK UNDER DISHWASHER.
(35) DEFOST & REMOVE ICE ON FLOORS IN OUTSIDE WALK-IN FREEZER
(18) ALL NEW APPLIANCES MUST BE PLAN CHECKED & APPROVED BY G.C.E.H. BEFORE BEING USED. PLAN CHECK THE NEW STEAMER IN OUR OFFICE.

Received By: Cheryl Davis REHS: Andrew Peryo

OFFICIAL INSPECTION REPORT

Continuation Sheet

GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

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

Page 2 of 2

| | |
|---|------------------------------------|
| Name of Facility/ DBA: <u>MURPOCK ELEMENTARY</u> | Inspection Date: <u>5/22/15</u> |
| Address: <u>PAGEZ</u> | |
| Owner/Permitee: <u>PAGEZ</u> | |

Comments:

CORRECT THE FOLLOWING (CONT.):

41) PROVIDE BACKFLOW PREVENTION ON THE SECOND HOT SINK IN UTILITY ROOM.

| | |
|----------------------------------|--------------------------|
| Received By: <u>Cheryl Davis</u> | REHS: <u>Andrew Peyo</u> |
|----------------------------------|--------------------------|