

**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><u>MURDOCK ELEMENTARY SCHOOL</u>   |            | Inspection Date:<br><u>5/26/16</u>   |                   |
| Address:<br><u>655 W. FRENCH ST., WILLOWS</u>  |            | Reinspection Date (on or after):<br><u>NEXT INSPECTION</u><br><small>(Reinspections are subject to fees)</small>     |                   |
| Owner/Permittee:<br><u>WILLOWS UNIFIED SCHOOL DIST</u>   | Phone No.: | Inspection Time:<br><u>10:30</u>   | Permit Exp. Date: |
| Certified Food Handler:<br><u>CHERYL DAVIS</u>   |            | Certificate Expiration Date:<br><u>11/9/20</u><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 <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                           |   |                         |  |
| <u>In</u>                         |            |                      |  |                    |  |                       |          |                               | 24. Person in charge present and performs duties            |                         |  |
| <u>In</u>                         |            |                      |  |                    |  |                       |          |                               | 25. Personal cleanliness and hair restraints                |                         |  |
| <u>In</u>                         |            | <u>N/O</u>           |  |                    |  |                       |          |                               | 26. Approved thawing methods used                           |                         |  |
| <u>In</u>                         |            | <u>N/O</u>           |  |                    |  |                       |          |                               | 27. Food separated and protected                            |                         |  |
| <u>In</u>                         |            | <u>N/O</u>           |  |                    |  |                       |          |                               | 28. Washing fruits and vegetables                           |                         |  |
| <u>In</u>                         |            |                      |  |                    |  |                       |          |                               | 29. Toxic substances properly identified, stored and used   |                         |  |
| <u>In</u>                         | <u>N/A</u> | <u>N/O</u>           |  |                    |  |                       | <u>X</u> |                               | 30. Food storage, 31. Self service, 32. Labeled             |                         |  |
| <u>In</u>                         | <u>N/A</u> |                      |  |                    |  |                       |          |                               | 33. Nonfood contact surfaces clean                          |                         |  |
| <u>In</u>                         | <u>N/A</u> | <u>N/O</u>           |  |                    |  |                       |          |                               | 34. Warewashing facilities maintained, test strips          |                         |  |
| <u>In</u>                         | <u>N/A</u> | <u>N/O</u>           |  |                    |  |                       |          |                               | 35. Equipment, utensils, approved, clean good repair        |                         |  |
| <u>In</u>                         | <u>N/A</u> | <u>N/O</u>           |  |                    |  |                       |          |                               | 36. Equipment, utensils and linens, storage and use         |                         |  |
| <u>In</u>                         | <u>N/A</u> | <u>N/O</u>           |  |                    |  |                       |          |                               | 37. Vending Machines  |                         |  |
| <u>In</u>                         |            |                      |  |                    |  |                       |          |                               | 38. Adequate ventilation and lighting                       |                         |  |
| <u>In</u>                         | <u>N/A</u> | <u>N/O</u>           |  |                    |  |                       |          |                               | 39. Thermometers provided and accurate                      |                         |  |
| <u>In</u>                         | <u>N/A</u> | <u>N/O</u>           |  |                    |  |                       |          |                               | 40. Wiping cloths properly used and stored                  |                         |  |
| <u>In</u>                         | <u>N/A</u> | <u>N/O</u>           |  |                    |  |                       |          |                               | 41. Plumbing, proper backflow prevention                    |                         |  |
| <u>In</u>                         | <u>N/A</u> | <u>N/O</u>           |  |                    |  |                       |          |                               | 42. Garbage properly disposed; facilities maintained        |                         |  |
| <u>In</u>                         | <u>N/A</u> | <u>N/O</u>           |  |                    |  |                       |          |                               | 43. Toilet facilities supplied, properly constructed, clean |                         |  |
| <u>In</u>                         | <u>N/A</u> |                      |  |                    |  |                       |          |                               | 44. Premises clean, vermin proof; personal items separate   |                         |  |
| <u>In</u>                         |            |                      |  |                    |  |                       |          |                               | 45. Floors, walls and ceilings maintained and clean         |                         |  |
| <u>In</u>                         |            |                      |  |                    |  |                       |          |                               | 46. No unapproved living or sleeping quarters               |                         |  |
| <u>In</u>                         |            |                      |  |                    |  |                       |          |                               | 47. Signs posted; Permit & inspection report available      |                         |  |
| <u>In</u>                         |            |                      |  |                    |  |                       |          |                               | 48. Plan Review Required                                    | <u>X</u>                |  |

| No PHF [ ] |       |                                   |    |      |          |
|------------|-------|-----------------------------------|----|------|----------|
| °F         | Food  | Location                          | °F | Food | Location |
| 51         | KIWIS | 2-DOOR TRUE FRIDGE                |    |      |          |
| 131        | PIZZA | ACTIVELY SERVING FROM HOT HOLDING |    |      |          |
| 41         | RANCH | 2-DOOR FRIDGE                     |    |      |          |
| 40         | MILK  | 2-DOOR TRUE FRIDGE                |    |      |          |

Comments:  
CORRECT THE FOLLOWING:  
 (F) Hold All POTENTIALLY HAZARDOUS FOOD AT/ABOVE 135°F OR AT/BELOW 41°F AT ALL TIMES. MEASURED PIZZA IN HOLDING CABINET AT 131°F. ADDITIONALLY, ALL CUT FRUIT & VEG IS ON SALAD BAR FOR LUNCH SHALL BE ALL SERVED OR REMAINING SHALL BE DISPOSED AT THE END OF LUNCH SERVICE. OPERATOR ADJUSTED TEMP OF CABINET

Received By: Cheryl Davis REHS: Andrew Pego

FOOD FACILITY INSPECTION REPORT

Continuation Sheet

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|   |                                    |
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| Owner/Permitee:<br><u>PAGE 2</u>  |                                    |
| Applicable Law CALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code |                                    |

Comments: CORRECT THE FOLLOWING (CONT):

(48) A PLAN REVIEW IS REQUIRED FOR NEW STEAMER IN THE KITCHEN. APPLY AT G.C.E.H.

|                                |                           |
|--------------------------------|---------------------------|
| Received By: <u>Chey Davis</u> | REHS: <u>Andrew Petyo</u> |
|--------------------------------|---------------------------|