

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: <i>Fairview Elementary School</i>		Inspection Date: <i>5/1/18</i>
Address: <i>1308 Fairview St, Orland, CA 95963</i>		Reinspection Date (on or after): <i>Next Inspection</i> <small>(Reinspections are subject to fees)</small>
Owner/Permittee: <i>Orland Unified School District</i>	Phone No.: <i>865-1235x1478</i>	Inspection Time: <i>10:35a</i> Permit Exp. Date:
Certified Food Handler: <i>Bobbie Brewster</i>		Certificate Expiration Date: <i>8/28/19</i> <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</i> (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									24. Person in charge present and performs duties		
In									25. Personal cleanliness and hair restraints		
In	N/O								26. Approved thawing methods used		
In	N/O								27. Food separated and protected		
In	N/O								28. Washing fruits and vegetables		
In									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									38. Adequate ventilation and lighting		
In	N/A	N/O							39. Thermometers provided and accurate		
In									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									45. Floors, walls and ceilings maintained and clean		
In							X		46. No unapproved living or sleeping quarters		
In									47. Signs posted; Permit & inspection report available		
In							X		48. Plan Review Required		

No PHF []

°F	Food	Location	°F	Food	Location
149	Pizza	Kitchen-side warmer	42	Milk	Milk cooler
135	Pizza	Service-side warmer	39	Turkey	Walk-in cooler

Comments:

21) Provide hot water of ~~120~~ 120°F. Measured 118°F.

23) Eliminate Flies from kitchen observed 5+ flies.

Received By: *Bobbie Brewster* REHS: *John H. Wells*