

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>Orland Schools Warehouse</u>		Inspection Date: <u>3/25/14</u>	
Address: <u>1320 Sixth St, Orland, CA 95963</u>		Reinspection Date (on or after): <small>(Reinspections are subject to fees)</small>	
Owner/Permitee: <u>Orland Unified School District</u>	Phone No.: <u>865-1206</u>	Inspection Time: <u>1:25 pm</u>	Permit Exp. Date:
Certified Food Handler: <u>- Packaged Food -</u>		Certificate Expiration Date: <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	Out
Critical Risk Factors for Disease						
<u>In</u>	N/O	1. Demonstration of knowledge				24. Person in charge present and performs duties
<u>In</u>		2. Communicable disease restrictions				25. Personal cleanliness and hair restraints
<u>In</u>	N/O	3. Discharge of eyes, nose, mouth				26. Approved thawing methods used
<u>In</u>	N/O	4. Eating, tasting, drinking, tobacco use				27. Food separated and protected
<u>In</u>	N/O	5. Hands clean & properly washed, glove use				28. Washing fruits and vegetables
<u>In</u>		6. Handwashing facilities available				29. Toxic substances properly identified, stored and used
<u>In</u>	<u>N/A</u> N/O	7. Proper hot and cold food holding temps				30. Food storage, 31. Self service, 32. Labeled
<u>In</u>	<u>N/A</u> N/O	8. Time as a public health control, records				33. Nonfood contact surfaces clean
<u>In</u>	<u>N/A</u> N/O	9. Proper cooling methods				34. Warewashing facilities maintained, test strips
<u>In</u>	<u>N/A</u> N/O	10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair
<u>In</u>	<u>N/A</u> N/O	11. Reheating temperature for hot holding				36. Equipment, utensils and linens, storage and use
<u>In</u>	<u>N/A</u> N/O	12. Returned and reservice of food				37. Vending Machines
<u>In</u>		13. Food in good condition, safe, unadulterated				38. Adequate ventilation and lighting
<u>In</u>	<u>N/A</u> N/O	14. Food contact surfaces clean and sanitized				39. Thermometers provided and accurate
<u>In</u>		15. Food from approved source				40. Wiping cloths properly used and stored
<u>In</u>	<u>N/A</u> N/O	16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention
<u>In</u>	<u>N/A</u> N/O	18. Compliance with HACCP plan				42. Garbage properly disposed; facilities maintained
<u>In</u>	<u>N/A</u> N/O	19. Advisory for raw/undercooked food				43. Toilet facilities supplied, properly constructed, clean
<u>In</u>	<u>N/A</u>	20. Health care/ School prohibited food				44. Premises clean and vermin proof; personal items separate
<u>In</u>		21. Hot & cold water. Temp: <u>121</u> °F		<u>X</u>		45. Floors, walls and ceilings maintained and clean
<u>In</u>		22. Wastewater properly disposed				46. No unapproved living or sleeping quarters
<u>In</u>		23. No rodents, insects, birds, animals				47. Signs posted; Last inspection report available

No PHF <input checked="" type="checkbox"/>					
°F	Food	Location	°F	Food	Location
	No warm water at				
	Freezer has been taken out of service. All PHFs are canned only.				

Comments:
 correct the following:
 2) Provide warm water of 100°F to handwash sink at restroom.
 Sink does not have hot/warm water.

Received By: X [Signature] REHS: John H. Wells