

**FOOD FACILITY INSPECTION REPORT**  
**GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT**

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

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Name of Facility/ DBA: <u>Willows High School</u>		Inspection Date: <u>11/19/19</u>	
Address: <u>203 N. MURDOCK ST., Willows</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>Willows Unified School Dist</u>	Phone No.: <u>934-1062</u>	Inspection Time: <u>11:00</u>	Permit Exp. Date:
Certified Food Handler: <u>CHRISTINA OCAMPO</u>		Certificate Expiration Date: <u>12/4/19</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</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
<input checked="" type="checkbox"/>		1. Demonstration of knowledge						24. Person in charge present and performs duties				
<input checked="" type="checkbox"/>		2. Communicable disease restrictions						25. Personal cleanliness and hair restraints				
<input checked="" type="checkbox"/>	N/O	3. Discharge of eyes, nose, mouth						26. Approved thawing methods used				
<input checked="" type="checkbox"/>	N/O	4. Eating, tasting, drinking, tobacco use						27. Food separated and protected				
<input checked="" type="checkbox"/>	N/O	5. Hands clean & properly washed, glove use						28. Washing fruits and vegetables				
<input checked="" type="checkbox"/>		6. Handwashing facilities available						29. Toxic substances properly identified, stored and used				
<input checked="" type="checkbox"/>	N/A	7. Proper hot and cold food holding temps						30. Food storage, 31. Self service, 32. Labeled			X	
<input checked="" type="checkbox"/>	N/A	8. Time as a public health control, records						33. Nonfood contact surfaces clean				
<input checked="" type="checkbox"/>	N/A	9. Proper cooling methods						34. Warewashing facilities maintained, test strips				
<input checked="" type="checkbox"/>	N/A	10. Proper cooking time and temps						35. Equipment, utensils, approved, clean good repair				
<input checked="" type="checkbox"/>	N/A	11. Reheating temperature for hot holding						36. Equipment, utensils and linens, storage and use				
<input checked="" type="checkbox"/>	N/A	12. Returned and reservice of food						37. Vending Machines				
<input checked="" type="checkbox"/>		13. Food safe and unadulterated						38. Adequate ventilation and lighting				
<input checked="" type="checkbox"/>	N/A	14. Food contact surfaces clean and sanitized						39. Thermometers provided and accurate				
<input checked="" type="checkbox"/>		15. Food from approved source						40. Wiping cloths properly used and stored				
<input checked="" type="checkbox"/>	N/A	16. Shell stock tags, 17. Gulf Oyster regs						41. Plumbing, proper backflow prevention			X	
<input checked="" type="checkbox"/>	N/A	18. Compliance with HACCP plan						42. Garbage properly disposed; facilities maintained				
<input checked="" type="checkbox"/>	N/A	19. Advisory for raw/undercooked food						43. Toilet facilities supplied, properly constructed, clean				
<input checked="" type="checkbox"/>	N/A	20. Health care/ School prohibited food						44. Premises clean, vermin proof; personal items separate				
<input checked="" type="checkbox"/>		21. Hot & cold water. Temp: <u>109</u> °F				X		45. Floors, walls and ceilings maintained and clean				
<input checked="" type="checkbox"/>		22. Wastewater properly disposed						46. No unapproved living or sleeping quarters				
<input checked="" type="checkbox"/>		23. No rodents, insects, birds, animals				X		47. Signs posted; Permit & inspection report available				
								48. Plan Review Required				

No PHF [ ]					
°F	Food	Location	°F	Food	Location
39	RANCH	3-DOOR TRUE FRIDGE			
135	CHEESE/ BEANS	WITTCO WASHING CABINET			
32	Milk	2-DOOR TRUE FRIDGE			
32	CREAM CHEESE	2-DOOR TRUE FRIDGE			

Comments:  
-NO CRITICAL VIOLATIONS

CORRECT THE FOLLOWING

(21) HOT WATER OF AT LEAST 120°F SHALL BE PROVIDED FROM AT THE 3-COMPARTMENT SINKS AND THE PREP SINK. ~MEASURED WATER OF ONLY 109°F AT THE 3-COMPARTMENT SINK ⇒ REPAIR.

(23) KEEP FACILITY FREE OF ALL PESTS, INSECTS OR VERMIN AT ALL TIMES. ~OBSERVED A DOZENT FLIES IN THE KITCHEN

Received By: Christine Ocampo      REHS: ANDREW PERRY

**FOOD FACILITY INSPECTION REPORT**  
**Continuation Sheet**  
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<u>PAGE 2</u>	
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Comments: CORRECT THE FOLLOWING (CONT.):

(23) AREA.

(32) ALL DRY STORAGE/BULK BINS, FOOD NOT IN ORIGINAL CONTAINER OR FOOD NOT EARLYLY RECOGNIZABLE MUST BE LABELED OF CONTENTS. 2 OBSERVED UNLABELED CONTAINER AT SANDWICH P. STATION

(41) REPAIR THE LEAKY COPPER PIPING UNDER THE AUTO-MATIC DISHWASHER, IT IS LEAKING.

Received By: <u>Cristina Ocasio</u>	REHS: <u>Andrew P. [Signature]</u>
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