

FOOD FACILITY INSPECTION REPORT
GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

225 N. Tehama Street, Willows, CA 95988
 Phone (530) 934-6102 FAX (530) 934-6103

Name of Facility/ DBA: <u>ELK CREEK SCHOOL</u>		Inspection Date: <u>11/30/22</u>	
Address: <u>300 SAN HEDRIN ROAD, ELK CREEK</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>STONY CREEK JOINT USD</u>	Phone No.:	Inspection Time: <u>12:00</u>	Permit Exp. Date:
Certified Food Handler: <u>RONDA WYCOFF</u>		Certificate Expiration Date: <u>6/5/23</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>(ALIFORNIA RETAIL FOOD CODE ("CalCode), Beginning with section 113700, California Health and Safety Code (See reverse side of sheet for summary)</u>			

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
<u>In</u>		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>	N/A	N/O	7. Proper hot and cold food holding temps				30. Food storage, 31. Self service, 32. Labeled				
<u>In</u>	N/A	N/O	8. Time as a public health control, records				33. Nonfood contact surfaces clean				
<u>In</u>	N/A	N/O	9. Proper cooling methods				34. Warewashing facilities maintained, test strips				
<u>In</u>	N/A	N/O	10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair		X		
<u>In</u>	N/A	N/O	11. Reheating temperature for hot holding				36. Equipment, utensils and linens, storage and use				
<u>In</u>	N/A	N/O	12. Returned and reserve of food				37. Vending Machines				
<u>In</u>			13. Food safe and unadulterated				38. Adequate ventilation and lighting				
<u>In</u>	N/A	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>	N/A	N/O	16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention				
<u>In</u>	N/A	N/O	18. Compliance with HACCP plan				42. Garbage properly disposed; facilities maintained				
<u>In</u>	N/A	N/O	19. Advisory for raw/undercooked food				43. Toilet facilities supplied, properly constructed, clean				
<u>In</u>	N/A		20. Health care/ School prohibited food				44. Premises clean, vermin proof; personal items separate				
<u>In</u>			21. Hot & cold water. Temp: <u>120+ °F</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; Permit & inspection report available				
							48. Plan Review Required				

No PHF []					
°F	Food	Location	°F	Food	Location
31	GROUND BEEF	SINGLE DOOR EVEREST			
32	HALF d HALF	SINGLE DOOR EVEREST FRIDGE			
40	MILK	CHEST FRIDGE			

Comments:

**FACILITY IS CLEAN & WELL MAINTAINED

CORRECT THE FOLLOWING:

(35) DE-ICE UNDER THE COMPRESSOR IN THE WALK-IN FREEZER.

Received By:

Ronda Wycoff

REHS:

Andrew Perry