

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>Capau Elementary School</i>		Inspection Date: <i>5/10/19</i>	
Address: <i>7554 Cutting Ave, Orland, CA 95953</i>		Reinspection Date (on or after): <i>Next Inspection</i> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <i>Capau Elementary School</i>	Phone No.: <i>855-1222</i>	Inspection Time: <i>10:40am</i>	Permit Exp. Date:
Certified Food Handler: <i>Anxeta Pacheco</i>		Certificate Expiration Date: <i>8/5/23</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</i> ("CalCode), Beginning with section 113700, California Health and Safety Code (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		X	
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	X		X
In								45. Floors, walls and ceilings maintained and clean			
In								46. No unapproved living or sleeping quarters			
In								47. Signs posted; Permit & inspection report available			
In								48. Plan Review Required			

No PHF []					
°F	Food	Location	°F	Food	Location
33	Yogurt	Walk-in cooler	42	Milk	Milk cooler

Comments:

38) Clean lint from light & filters in hood.

44) Maintain back door closed (Immediately abated)

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