

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>Willows High School</u>		Inspection Date: <u>5/26/22</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/Permitee: <u>Willows Unified School Dist.</u>	Phone No.:	Inspection Time: <u>11:00</u>	Permit Exp. Date:
Certified Food Handler: <u>CRISTINA O'CAMPO</u>		Certificate Expiration Date: <u>9/17/24</u> <small>(Certificate expires five years after it is issued)</small>	
Service: <input 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>CALIFORNIA RETAIL FOOD CODE ("CalCode"), Beginning with section 113700, California Health and Safety Code</u> (See reverse side of sheet for summary)			

In	N/A	N/O	Critical Risk Factors for Disease	Maj	Out	COS	Other Items	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"/>	
<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	N/O	7. Proper hot and cold food holding temps				30. Food storage, 31. Self service, 32. Labeled		
<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	N/O	9. Proper cooling methods				34. Warewashing facilities maintained, test strips		
<input checked="" type="checkbox"/>	N/A	N/O	10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	N/A	N/O	11. Reheating temperature for hot holding				36. Equipment, utensils and linens, storage and use		
<input checked="" type="checkbox"/>	N/A	N/O	12. Returned and reserve 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	N/O	14. Food contact surfaces clean and sanitized	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		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	N/O	16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	N/A	N/O	18. Compliance with HACCP plan				42. Garbage properly disposed; facilities maintained		
<input checked="" type="checkbox"/>	N/A	N/O	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>120°F</u>				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				47. Signs posted; Permit & inspection report available		
							48. Plan Review Required		

No PHF []					
#F	Food	Location	#F	Food	Location
141	MAC N' CHEESE	METRO HOT HOLD CABINET			
35	CORN	2-DOOR TRUE FRIDGE			
29	MILK	WALK-IN FRIDGE			
35	CHEESE STICK	2-DOOR TRUE (SNACK BAR)			

Comments:

****CRITICAL VIOLATION****

(14) ALL FOOD CONTACT SURFACES & UTENSILS SHALL BE SANITIZED PROPERLY BEFORE BEING USED. THE MECHANICAL DISHWASHER SHALL NOT BE USED UNTILL REPAIRED AS IT IS NOT ACHIEVING THE REQ'D TEMP FOR SANITIZING. ADDITIONALLY, THE EXHAUST HOOD SHALL BE REPAIRED BEFORE BEING

Received By: [Signature] REHS: ANDREW PENYO

OFFICIAL INSPECTION REPORT

Continuation Sheet

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Comments:

~~CRITICAL VIOLATIONS (CONT.)~~

(14) USED.

OTHER VIOLATIONS

(27) ALL RAW P.H.F. SHALL BE STORED BELOW OR AWAY FROM READY TO EAT FOOD. 1 OBSERVED RAW EGG ABOVE MUFFINS IN THE WALK-IN.

(35) CLEAN & SANITIZE THE HOOD Baffles, THEY ARE FILTHY.

(41) REPAIR ALL THE LEAKY PLUMBING UNDER THE MECHANICAL DISHWASHER.

Received By: <u>Alyla</u>	REHS: <u>Andrew Petyo</u>
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