

**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:<br><u>Orland Senior Nutrition Site</u>  |                               | Inspection Date:<br><u>8/26/22</u>   |                   |
| Address:<br><u>19 E. Walker St, Orland, CA 95963</u>   |                               | Reinspection Date (on or after):<br><u>Next Inspection</u><br><small>(Reinspections are subject to fees)</small>     |                   |
| Owner/Permitee:<br><u>Glenn Co. Office of Education</u>  | Phone No.:<br><u>865-1136</u> | Inspection Time:<br><u>10:55am</u>   | Permit Exp. Date: |
| Certified Food Handler:<br><u>Anthony Van Natta</u>  |                               | Certificate Expiration Date:<br><u>2/25/27</u><br><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 |                         |  |
| 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                       |     |                         |  |
| 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                    |     | X                       |  |
| 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   |     |                         |  |
| 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 |
| 40         | Milk             | 2-Door Dairy cooler |    |      |          |
| 37         | Pasteurized Eggs | 3-Door cooler       |    |      |          |
|            |                  |                     |    |      |          |
|            |                  |                     |    |      |          |

Comments:

4) Repair leak at backflow prevention device on dishwasher machine

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