

**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>10/28/16</i>	
Address: <i>7564 Cutting Ave, Orland, CA 95963</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>865-1222</i>	Inspection Time: <i>10:30 AM</i>	Permit Exp. Date:
Certified Food Handler: <i>Barbara McHenry</i>		Certificate Expiration Date: <i>5/22/20</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 ("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			
<i>In</i>		1. Demonstration of knowledge				24. Person in charge present and performs duties		
<i>In</i>		2. Communicable disease restrictions				25. Personal cleanliness and hair restraints		
<i>In</i>	<i>N/O</i>	3. Discharge of eyes, nose, mouth				26. Approved thawing methods used		
<i>In</i>	<i>N/O</i>	4. Eating, tasting, drinking, tobacco use				27. Food separated and protected		
<i>In</i>	<i>N/O</i>	5. Hands clean & properly washed, glove use				28. Washing fruits and vegetables		
<i>In</i>		6. Handwashing facilities available				29. Toxic substances properly identified, stored and used		
<i>In</i>	<i>N/A</i>	<i>N/O</i> 7. Proper hot and cold food holding temps				30. Food storage, 31. Self service, 32. Labeled		
<i>In</i>	<i>N/A</i>	8. Time as a public health control, records				33. Nonfood contact surfaces clean		
<i>In</i>	<i>N/A</i>	<i>N/O</i> 9. Proper cooling methods				34. Warewashing facilities maintained, test strips		
<i>In</i>	<i>N/A</i>	<i>N/O</i> 10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair		
<i>In</i>	<i>N/A</i>	<i>N/O</i> 11. Reheating temperature for hot holding				36. Equipment, utensils and linens, storage and use		
<i>In</i>	<i>N/A</i>	<i>N/O</i> 12. Returned and reservice of food				37. Vending Machines		
<i>In</i>		13. Food safe and unadulterated				38. Adequate ventilation and lighting		
<i>In</i>	<i>N/A</i>	<i>N/O</i> 14. Food contact surfaces clean and sanitized				39. Thermometers provided and accurate		
<i>In</i>	<i>N/A</i>	<i>N/O</i> 15. Food from approved source				40. Wiping cloths properly used and stored		<i>X</i>
<i>In</i>	<i>N/A</i>	<i>N/O</i> 16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention		<i>X</i>
<i>In</i>	<i>N/A</i>	<i>N/O</i> 18. Compliance with HACCP plan				42. Garbage properly disposed; facilities maintained		
<i>In</i>	<i>N/A</i>	<i>N/O</i> 19. Advisory for raw/undercooked food				43. Toilet facilities supplied, properly constructed, clean		
<i>In</i>	<i>N/A</i>	20. Health care/ School prohibited food				44. Premises clean, vermin proof; personal items separate		
<i>In</i>		21. Hot & cold water. Temp: <i>119</i> °F				45. Floors, walls and ceilings maintained and clean		
<i>In</i>		22. Wastewater properly disposed				46. No unapproved living or sleeping quarters		
<i>In</i>		23. No rodents, insects, birds, animals				47. Signs posted; Permit & inspection report available		<i>X</i>
						48. Plan Review Required		

No PHF [ ]					
°F	Food	Location	°F	Food	Location
	<i>36 Milk</i>	<i>Milk Cooler</i>			
	<i>41 Cheese</i>	<i>Walkin Cooler</i>			

Comments:

*4) Provide 200 ppm of quaternary ammonium sanitizer in towel bucket. Measured 100 ppm.*

*4) Provide a backflow prevention device at food prep sink - or - remove hose.*

*4) Provide "wash hands" sign in women's restroom.*

Received By: *Bobbie McNary*      REHS: *John H. Wells*