

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: <u>HAMILTON UNION ELEMENTARY SCHOOL</u>		Inspection Date: <u>11/15/16</u>	
Address: <u>277 CAPAY AVE, HAMILTON CITY, CA</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>HAMILTON UNIFIED SCHOOL DIST</u>	Phone No.: <u>926-3174</u>	Inspection Time: <u>11:00</u>	Permit Exp. Date:
Certified Food Handler: <u>MONA MOON</u>		Certificate Expiration Date: <u>10/4/17</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>CALIFORNIA RETAIL FOOD CODE ("CalCode"), Beginning with section 113700, California Health and Safety Code</u> (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
<input checked="" type="checkbox"/> In		1. Demonstration of knowledge					24. Person in charge present and performs duties		
<input checked="" type="checkbox"/> In		2. Communicable disease restrictions					25. Personal cleanliness and hair restraints		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/O	3. Discharge of eyes, nose, mouth					26. Approved thawing methods used		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/O	4. Eating, tasting, drinking, tobacco use					27. Food separated and protected		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/O	5. Hands clean & properly washed, glove use					28. Washing fruits and vegetables		
<input checked="" type="checkbox"/> In		6. Handwashing facilities available					29. Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	7. Proper hot and cold food holding temps					30. Food storage, 31. Self service, 32. Labeled		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	8. Time as a public health control, records					33. Nonfood contact surfaces clean		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	9. Proper cooling methods					34. Warewashing facilities maintained, test strips		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	10. Proper cooking time and temps					35. Equipment, utensils, approved, clean good repair		<input checked="" type="checkbox"/> X
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	11. Reheating temperature for hot holding					36. Equipment, utensils and linens, storage and use		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	12. Returned and reservice of food					37. Vending Machines		
<input checked="" type="checkbox"/> In		13. Food safe and unadulterated					38. Adequate ventilation and lighting		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	14. Food contact surfaces clean and sanitized					39. Thermometers provided and accurate		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	15. Food from approved source					40. Wiping cloths properly used and stored		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	16. Shell stock tags, 17. Gulf Oyster regs					41. Plumbing, proper backflow prevention		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	18. Compliance with HACCP plan					42. Garbage properly disposed; facilities maintained		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	19. Advisory for raw/undercooked food					43. Toilet facilities supplied, properly constructed, clean		
<input checked="" type="checkbox"/> In	<input checked="" type="checkbox"/> N/A	20. Health care/ School prohibited food					44. Premises clean, vermin proof; personal items separate		
<input checked="" type="checkbox"/> In		21. Hot & cold water. Temp: <u>113</u> °F		<input checked="" type="checkbox"/> X			45. Floors, walls and ceilings maintained and clean		<input checked="" type="checkbox"/> X
<input checked="" type="checkbox"/> In		22. Wastewater properly disposed					46. No unapproved living or sleeping quarters		
<input checked="" type="checkbox"/> In		23. No rodents, insects, birds, animals	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X			47. Signs posted; Permit & inspection report available		
							48. Plan Review Required		

No PHF []					
°F	Food	Location	°F	Food	Location
220	CORN DOGS	DI-EGANT PREP			
39	COLE SLAW	6-DOOR TRAILSON FRIDGE			
40	MILK	WALK-IN FRIDGE			

Comments:

****CRITICAL VIOLATIONS****

(23) KEEP ALL PESTS, VERMIN, ETC. OUT OF THE FOOD FACILITY. I OBSERVED 20+ FLIES IN THE KITCHEN/FOOD PREP AREAS.

OTHER VIOLATIONS

(21) FACILITY SHALL HAVE HOT WATER OF AT LEAST 120°F AT APPLIANCE FIXTURES, DELIVERED WITHIN A REASONABLE AMOUNT OF TIME. HOT WATER AT 3-COMP SINK MEASURED 113°F

Received By: John Rasto REHS: Andrew Peryo

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Continuation Sheet

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Comments:

OTHER VIOLATIONS (CONT.)

21 FACILITY HOT WATER REMAINS AN ISSUE FOR THIS SCHOOL.

35 REPAIR WALK-IN REFRIGERATION CONDENSOR/COMPRESSOR SO THAT THERE ISN'T ICE BUILD UP ON THE PIPES.

45 CLEAN & SANITIZE THE WALLS AROUND THE KITCHEN AREA, ESPECIALLY AROUND/BEHIND THE 3-COMPARTMENT SINK AREA.

Received By: <u>[Signature]</u>	REHS: <u>Andrew Perryo</u>
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