

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>Fairview Elementary School</i>		Inspection Date: <i>4/26/17</i>	
Address: <i>1308 Fairview St, Orland, CA 95963</i>		Reinspection Date (on or after): <i>Next inspection</i> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <i>Orland Unified School District</i>	Phone No.: <i>855-1235 x147</i>	Inspection Time: <i>11:25 am</i>	Permit Exp. Date:
Certified Food Handler: <i>Bobbie Brewster (4 others)</i>		Certificate Expiration Date: <i>8/22/19</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 CALIFORNIA RETAIL FOOD CODE ("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									
<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		N/O	3.	Discharge of eyes, nose, mouth								26.	Approved thawing methods used							
<input checked="" type="checkbox"/> In		N/O	4.	Eating, tasting, drinking, tobacco use								27.	Food separated and protected							
<input checked="" type="checkbox"/> In		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	N/A	N/O	7.	Proper hot and cold food holding temps								30.	Food storage, 31. Self service, 32. Labeled							
<input checked="" type="checkbox"/> In	N/A		8.	Time as a public health control, records								33.	Nonfood contact surfaces clean							
<input checked="" type="checkbox"/> In	N/A	N/O	9.	Proper cooling methods								34.	Warewashing facilities maintained, test strips							
<input checked="" type="checkbox"/> In	N/A	N/O	10.	Proper cooking time and temps								35.	Equipment, utensils, approved, clean good repair							
<input checked="" type="checkbox"/> In	N/A	N/O	11.	Reheating temperature for hot holding								36.	Equipment, utensils and linens, storage and use							
<input checked="" type="checkbox"/> In	N/A	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	N/A	N/O	14.	Food contact surfaces clean and sanitized								39.	Thermometers provided and accurate							
<input checked="" type="checkbox"/> In			15.	Food from approved source								40.	Wiping cloths properly used and stored							
<input checked="" type="checkbox"/> In	N/A	N/O	16.	Shell stock tags, 17. Gulf Oyster regs								41.	Plumbing, proper backflow prevention			X				
<input checked="" type="checkbox"/> In	N/A	N/O	18.	Compliance with HACCP plan								42.	Garbage properly disposed, facilities maintained							
<input checked="" type="checkbox"/> In	N/A	N/O	19.	Advisory for raw/undercooked food								43.	Toilet facilities supplied, properly constructed, clean							
<input checked="" type="checkbox"/> In	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: <i>135</i> °F								45.	Floors, walls and ceilings maintained and clean							
<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								47.	Signs posted; Permit & inspection report available							
												48.	Plan Review Required							

No PHF []

°F	Food	Location	°F	Food	Location
<i>135</i>	<i>Corn Dog</i>	<i>North line warmer</i>	<i>37</i>	<i>Milk</i>	<i>Walk in Cooler</i>
<i>136</i>	<i>Corn Dog</i>	<i>South line warmer</i>	<i>40</i>	<i>Milk</i>	<i>Milk Cooler</i>

Comments:

4) Elevate drain pipe ^{from ice} ~~above~~ machine 1" above dedicated floor drain.

Received By: *x Bobbie Brewster* REHS: *John H. Wells*