

**FOOD FACILITY INSPECTION REPORT**  
**GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT**  
 257 North Villa Avenue, Willows, CA 95988  
 Phone (530) 934-6102 FAX (530) 934-6103

|  |                               |  |                   |
|--|-------------------------------|--|-------------------|
| Name of Facility/ DBA:<br><i>Orland Schools Warehouse</i>  |                               | Inspection Date:<br><i>2/1/13</i>  |                   |
| Address:<br><i>1320 Sixth St, Orland, CA 95963</i>   |                               | Reinspection/Date (on or after):<br><i>Next inspection</i><br><small>(Reinspections are subject to fees)</small> |                   |
| Owner/Permittee:<br><i>Orland Unified School District</i>  | Phone No.:<br><i>865-1206</i> | Inspection Time:<br><i>1:05 pm</i>   | Permit Exp. Date: |
| Certified Food Handler:<br><i>- Packaged Food -</i>  |                               | Certificate Expiration Date:<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 (See reverse side of sheet for summary)</i>  |                               |  |                   |

| In = In compliance | N/A = Not Applicable | N/O = Not Observed                              | Maj = Major violation | Out | COS | Out = Items not in compliance                                | COS = Corrected On Site | Out |
|--------------------|----------------------|---|-----------------------|-----|-----|--|-------------------------|-----|
|                    |                      | <b>Critical Risk Factors for Disease</b>        |                       |     |     |  |                         |     |
| <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>          | N/O                  | 3. Discharge of eyes, nose, mouth               |                       |     |     | 26. Approved thawing methods used                            |                         |     |
| <i>In</i>          | N/O                  | 4. Eating, tasting, drinking, tobacco use       |                       |     |     | 27. Food separated and protected                             |                         |     |
| <i>In</i>          | N/O                  | 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>          | N/A                  | 7. Proper hot and cold food holding temps       |                       |     |     | 30. Food storage, 31. Self service, 32. Labeled              |                         |     |
| <i>In</i>          | N/A                  | 8. Time as a public health control, records     |                       |     |     | 33. Nonfood contact surfaces clean                           |                         |     |
| <i>In</i>          | N/A                  | 9. Proper cooling methods                       |                       |     |     | 34. Warewashing facilities maintained, test strips           |                         |     |
| <i>In</i>          | N/A                  | 10. Proper cooking time and temps               |                       |     |     | 35. Equipment, utensils, approved, clean good repair         |                         |     |
| <i>In</i>          | N/A                  | 11. Reheating temperature for hot holding       |                       |     |     | 36. Equipment, utensils and linens, storage and use          |                         |     |
| <i>In</i>          | N/A                  | 12. Returned and reservice of food              |                       |     |     | 37. Vending Machines   |                         |     |
| <i>In</i>          |                      | 13. Food in good condition, safe, unadulterated |                       |     |     | 38. Adequate ventilation and lighting                        |                         |     |
| <i>In</i>          | N/A                  | 14. Food contact surfaces clean and sanitized   |                       |     |     | 39. Thermometers provided and accurate                       |                         |     |
| <i>In</i>          |                      | 15. Food from approved source                   |                       |     |     | 40. Wiping cloths properly used and stored                   |                         |     |
| <i>In</i>          | N/A                  | 16. Shell stock tags, 17. Gulf Oyster regs      |                       |     |     | 41. Plumbing, proper backflow prevention                     |                         |     |
| <i>In</i>          | N/A                  | 18. Compliance with HACCP plan                  |                       |     |     | 42. Garbage properly disposed; facilities maintained         |                         |     |
| <i>In</i>          | N/A                  | 19. Advisory for raw/undercooked food           |                       |     |     | 43. Toilet facilities supplied, properly constructed, clean  |                         |     |
| <i>In</i>          | N/A                  | 20. Health care/ School prohibited food         |                       |     |     | 44. Premises clean and vermin proof; personal items separate |                         |     |
| <i>In</i>          |                      | 21. Hot & cold water. Temp: <i>112</i> °F       |                       | X   |     | 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         |                       | X   |     | 47. Signs posted; Last inspection report available           |                         |     |

| No PHF [ ] |   |          |    |      |          |
|------------|---|----------|----|------|----------|
| °F         | Food  | Location | °F | Food | Location |
|            | <i>All PHF's are frozen.</i>  |          |    |      |          |
|            | <i>could not access walk in freezer - will check at next inspection</i> |          |    |      |          |

Comments:  
*Correct the following:*

*1) Provide hot water at 120°F at sink. Hot water measured 112°F.*

*2) Eliminate mice from dry storage room using safe, legal, and effective methods observed ~ 20 dry droppings on floor, pallets throughout room.*

|              |                            |
|--------------|----------------------------|
| Received By: | REHS: <i>John H. Wells</i> |
|--------------|----------------------------|