

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: CK Price Intermediate School | | Inspection Date: 9/18/15 | |
| Address: 1212 Marvin St, Orland, CA 95963 | | Reinspection Date (on or after): - | |
| Owner/Permittee: Orland Unified School District | | Phone No.: 865-1225x153 | Inspection Time: 10:05am |
| Certified Food Handler: Jennifer Schermer | | Permit Exp. Date: - | |
| 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: | | Certificate Expiration Date: 6/24/20 <small>(Certificate expires five years after it is issued)</small> | |
| 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 = Items not in compliance | | COS = Corrected On Site | |
|-----------------------------------|-----|----------------------|--|--------------------|--|-----------------------|-----|-------------------------------|---|-------------------------|--|
| Critical Risk Factors for Disease | | | | | | Maj | 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 | N/O | | | | | | | 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 | | |
| 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 |
| 135 | Chicken Sandwich | Vulcan warmer | | | |
| 40 | Milk | walkin cooler | | | |
| 42 | Milk | Milk cooler | | | |

Comments:
No violations observed. Excellent!

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