

**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>Willows High School</u>		Inspection Date: <u>11/14/17</u>	
Address: <u>203 N. MURDOCK ST., Willows</u>		Reinspection Date (on or after): <u>NEXT INSPECTION</u> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <u>Willows Unified School Dist</u>	Phone No.: <u>934-1062</u>	Inspection Time: <u>11:08</u>	Permit Exp. Date: <u>-</u>
Certified Food Handler: <u>EVONE LACOMBE</u>		Certificate Expiration Date: <u>10/19/21</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</u> ("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	Out	COS
<input checked="" type="checkbox"/>		1.	Demonstration of knowledge				24.	Person in charge present and performs duties	
<input checked="" type="checkbox"/>		2.	Communicable disease restrictions				25.	Personal cleanliness and hair restraints	
<input checked="" type="checkbox"/>	N/O	3.	Discharge of eyes, nose, mouth				26.	Approved thawing methods used	
<input checked="" type="checkbox"/>	N/O	4.	Eating, tasting, drinking, tobacco use				27.	Food separated and protected	
<input checked="" type="checkbox"/>	N/O	5.	Hands clean & properly washed, glove use				28.	Washing fruits and vegetables	
<input checked="" type="checkbox"/>		6.	Handwashing facilities available				29.	Toxic substances properly identified, stored and used	
<input checked="" type="checkbox"/>	N/A	7.	Proper hot and cold food holding temps				30.	Food storage, 31. Self service, 32. Labeled	
<input checked="" type="checkbox"/>	N/A	8.	Time as a public health control, records				33.	Nonfood contact surfaces clean	
<input checked="" type="checkbox"/>	N/A	9.	Proper cooling methods				34.	Warewashing facilities maintained, test strips	
<input checked="" type="checkbox"/>	N/A	10.	Proper cooking time and temps				35.	Equipment, utensils, approved, clean good repair	
<input checked="" type="checkbox"/>	N/A	11.	Reheating temperature for hot holding				36.	Equipment, utensils and linens, storage and use	
<input checked="" type="checkbox"/>	N/A	12.	Returned and reserve of food				37.	Vending Machines	
<input checked="" type="checkbox"/>		13.	Food safe and unadulterated				38.	Adequate ventilation and lighting	
<input checked="" type="checkbox"/>	N/A	14.	Food contact surfaces clean and sanitized				39.	Thermometers provided and accurate	
<input checked="" type="checkbox"/>		15.	Food from approved source				40.	Wiping cloths properly used and stored	
<input checked="" type="checkbox"/>	N/A	16.	Shell stock tags, 17. Gulf Oyster regs				41.	Plumbing, proper backflow prevention	X
<input checked="" type="checkbox"/>	N/A	18.	Compliance with HACCP plan				42.	Garbage properly disposed; facilities maintained	
<input checked="" type="checkbox"/>	N/A	19.	Advisory for raw/undercooked food				43.	Toilet facilities supplied, properly constructed, clean	
<input checked="" type="checkbox"/>	N/A	20.	Health care/ School prohibited food				44.	Premises clean, vermin proof; personal items separate	
<input checked="" type="checkbox"/>		21.	Hot & cold water. Temp: <u>120°F</u>				45.	Floors, walls and ceilings maintained and clean	
<input checked="" type="checkbox"/>		22.	Wastewater properly disposed				46.	No unapproved living or sleeping quarters	
<input checked="" type="checkbox"/>		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
40	RANCH	3-DOOR TRUE FRIDGE	137	BURRITOS	HOT HOLDING DRAWER
40	WATERMELON	2-DOOR TRUE	40	MILK	SNACK BAR TRUE FRIDGE
136	TACOS	HOT HOLDING CABINET			
156	NACHO CHEESE	SOUP WARMER			

Comments:  
- NO CRITICAL VIOLATIONS  
\* FACILITY IS CLEAN & WELL MAINTAINED \*  
CORRECT THE FOLLOWING  
(A) PROVIDES A METHOD OR DEVICE FOR BACKFLOW PREVENTION AT THE OUTSIDE MOP SINK.

Received By: Evone LaCombe      REHS: Andrew Pardo