FOOD FACILITY INSPECTION REPORT GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT 247 North Villa Avenue, Willows, CA 95988

Page 1 of

| Phone (530) 934-6102 FAX (530) 934-6103 | | | | | | | | | | |
|---|---|---|-------------------------------------|----------|------------|---|--|---|----------|------|
| Name of Facility/ DBA: | | | | | | | | | | |
| Address Mulon HIGH SCHOOL | | | | | | | | 11/24/18 | | |
| Address: Reinspection Date (on or after): | | | | | | | | | _ | |
| Higher Ay 329 45, HAMI LATE | | | | | J Cory, CA | | | (Reinspections are subject to fees) | | |
| Owner/Permitee: Phone No.: Inspection Time: Permit Ex | | | | | | | | | xp. Date | : |
| 1 | TAMILTON INION START SCHOOL | | | | | | 11:30 | | | |
| Certified Food Handler: | | | | | | | | Certificate Expiration Date: | | |
| DEAN MONTGOHERY | | | | | | (Certificate expires tive years after it is issued) | | | sued) | |
| Service: Routine Inspection | | | | | | | | | | |
| Approache Law Chest Owns Relike FOOD CODE (Calcode), beginning with section 115/00, 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 = Correcte | | | | | | | | | e |
| Critical Risk Factors for Disease 1. Demonstration of knowledge | | | Critical Risk Factors for Disease | Maj | Out | COS | 24 D | | Out | COS |
| | | | nmunicable disease restrictions | | | 24. Person in charge present and performs duties 25. Personal cleanliness and hair restraints | | | - | - |
| In | 3. Discharge of eyes, nose, mouth | | | 27713 | | | 26. Approved thawing methods used | | + | |
| In | 4. Eating, tasting, drinking, tobacco use | | | audit | | | | parated and protected | | |
| In | N/O | Hands clean & properly washed, glove use Handwashing facilities available | | | ~/ | - | | hing fruits and vegetables ic substances properly identified, stored and used | | |
| (A) | N/A N/O | | | | × | | | ood storage, 31. Self service, 32. Labeled | | |
| In | WAD _ | 8. Time as a public health control, records | | | | | 33. Nonfood contact surfaces clean | | | |
| In | | | | | | | | ewashing facilities maintained, test strips | | |
| | N/A N/O 10. Proper cooking time and temps N/A N/O 11. Reheating temperature for hot holding | | | | | | 35. Equipment, utensils, approved, clean good repair36. Equipment, utensils and linens, storage and use | | | |
| | N/A N/O 12. Returned and reservice of food | | | 0.00 | | | 37. Vending Machines | | | |
| | 13. Food safe and unadulterated | | | | | | | Adequate ventilation and lighting | | |
| Sin Sin | N/A N/O 14. Food contact surfaces clean and sanitized 15. Food from approved source | | | | | | Thermometers provided and accurate Wiping cloths properly used and stored | | | |
| | N/A N/O | | ll stock tags, 17. Gulf Oyster regs | | | | | 41. Plumbing, proper backflow prevention | | |
| In | n N/O 18. Compliance with HACCP plan | | | Elekary. | | | 42. Garbage properly disposed; facilities maintained | | | |
| 13 | N/A 20 Health core/ School prohibited food | | | | | | 43. Toilet facilities supplied, properly constructed, clean 44. Premises clean, vermin proof; personal items separate | | | |
| | | | t & cold water. Temp: \cong °F | | | | 45. Floors, walls and ceilings maintained and clean | | | |
| | | 22. Wastewater properly disposed | | | | | 46. No unapproved living or sleeping quarters | | | |
| | | 23. No rodents, insects, birds, animals | | | | | 47. Signs posted; Permit & inspection report available | | | |
| | | | | | | | 48. Plan Review Req | uired | | |
| No PHF [] | | | | | | | | | | |
| °F | Food Location | | | oF. | °F Food | | Location | | | |
| 1 1000 | | | Location | | | | 1000 | Location | | |
| 31 | Mick | | 3 - DODE TILLE | _ | | | | | | |
| | | | | | | + | | | | |
| 138 | HAHEUR | MER | VULCAN HOT HOLD | DING. | | | | | | |
| | A . | | | | | | | | | |
| 40 | 40 Mick 1 | | WALKIN FRIDGE | - | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Com | ments: | | • | | | | | | | |
| -NO CETTICAL VIOLATIONS | | | | | | | | | | |
| OTHER VIOLATIONS | | | | | | | | | | |
| ^ | | | OTHE | K | Nor | MT | 1025 | | | |
| 6) PAPER TOWERS SHALL BE IN A DISPENSER NEAR HAND SINK | | | | | | | | | | |
| | | - \= | STITULE STITULE | 58 | 10 | <u> </u> | DISTER | NEAT THE | ، ررد | 3176 |
| 41) PROVIDE A BACKFLOW PREVENTION DEVICE ON THE | | | | | | | | | | |
| | | | | | | | | | | |
| Ou | TSIDE | · M | OP HOSE BIBE | \$ | | | | | | |
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| Received By: On Marke REHS | | | | | | | | | | |