

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>Lake Elementary School</i>		Inspection Date: <i>12/1/17</i>	
Address: <i>4672 County Road N, Orland CA 95963</i>		Reinspection Date (on or after): <i>Next Inspection</i> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <i>Lake School District</i>	Phone No.: <i>(530) 865-1255</i>	Inspection Time: <i>11:30 am</i>	Permit Exp. Date:
Certified Food Handler: <i>Bobbi Fissari</i>		Certificate Expiration Date: <i>1/4/21</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 <i>CALIFORNIA RETAIL FOOD CODE</i> ("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"/> 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	N/O 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			X	X
<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 reserve of food				37. Vending Machines				
<input checked="" type="checkbox"/> In		13. Food safe and unadulterated				38. Adequate ventilation and lighting			X	
<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				
<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>120</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		X		47. Signs posted; Permit & inspection report available				
						48. Plan Review Required				

No PHF []					
°F	Food	Location	°F	Food	Location
<i>39</i>	<i>Sausage</i>	<i>2-Dow cooler</i>	<i>38</i>	<i>Milk</i>	<i>Milk cooler</i>
<i>38</i>	<i>Turkey</i>	<i>1-Dow cooler</i>			

Comments:

23) Clean the 3+ dry rat droppings in stair-room by 1-Dow cooler. No evidence of active infestation observed.

25) Remove damage spatula from premises. All utensils must be smooth, cleanable, and in good repair. (Immediately abated)

28) Clean vent from inside hood.

Received By: <i>x Bobbi Fissari</i>	REHS: <i>John H. Wells</i>
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