

**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>Capau Elementary School</i>		Inspection Date: <i>5/25/18</i>	
Address: <i>7504 Cutting Ave, Orland, CA 95963</i>		Reinspection Date (on or after):  (Reinspections are subject to fees)	
Owner/Permittee: <i>Capau Elementary School</i>	Phone No.: <i>855-1222</i>	Inspection Time: <i>10:50 am</i>	Permit Exp. Date:
Certified Food Handler: <i>Bobbie McNary</i>		Certificate Expiration Date: <i>9/22/21</i> (Certificate expires five years after it is issued)	
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 = 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	N/O	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	N/O	9. Proper cooling methods				34. Warewashing facilities maintained, test strips		
<input checked="" type="checkbox"/>	N/A	N/O	10. Proper cooking time and temps				35. Equipment, utensils, approved, clean good repair		
<input checked="" type="checkbox"/>	N/A	N/O	11. Reheating temperature for hot holding				36. Equipment, utensils and linens, storage and use		
<input checked="" type="checkbox"/>	N/A	N/O	12. Returned and reservice 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	N/O	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	N/O	16. Shell stock tags, 17. Gulf Oyster regs				41. Plumbing, proper backflow prevention		
<input checked="" type="checkbox"/>	N/A	N/O	18. Compliance with HACCP plan				42. Garbage properly disposed; facilities maintained		
<input checked="" type="checkbox"/>	N/A	N/O	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: <i>120</i> °F				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
	<i>33 Sausage</i>	<i>Walk-in Cooler</i>			
	<i>40 Milk</i>	<i>Milk Cooler</i>			

Comments:  
*No Violations Observed*

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