

FOOD FACILITY INSPECTION REPORT
GLENN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

225 N. Tehama Street, Willows, CA 95988
 Phone (530) 934-6102 FAX (530) 934-6103

Name of Facility/ DBA: <i>Capau Elementary School</i>		Inspection Date: <i>4/14/22</i>	
Address: <i>7554 Cutting Ave, Orland, CA 95963</i>		Reinspection Date (on or after): <i>Next Inspection</i> <small>(Reinspections are subject to fees)</small>	
Owner/Permittee: <i>Capau Elementary School</i>	Phone No.:	Inspection Time: <i>10:45 am</i>	Permit Exp. Date:
Certified Food Handler: <i>Petronila Sandoval</i>		Certificate Expiration Date: <i>5/12/24</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 ("CalCode), Beginning with section 113700, California Health and Safety Code</i> (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								24. Person in charge present and performs duties		
<input checked="" type="checkbox"/>	In								25. Personal cleanliness and hair restraints		
<input checked="" type="checkbox"/>	In	N/O							26. Approved thawing methods used		
<input checked="" type="checkbox"/>	In	N/O							27. Food separated and protected		
<input checked="" type="checkbox"/>	In	N/O							28. Washing fruits and vegetables		
<input checked="" type="checkbox"/>	In								29. Toxic substances properly identified, stored and used		
<input checked="" type="checkbox"/>	In	N/A	N/O						30. Food storage, 31. Self service, 32. Labeled		
<input checked="" type="checkbox"/>	In	N/A							33. Nonfood contact surfaces clean		
<input checked="" type="checkbox"/>	In	N/A	N/O						34. Warewashing facilities maintained, test strips		
<input checked="" type="checkbox"/>	In	N/A	N/O						35. Equipment, utensils, approved, clean good repair		
<input checked="" type="checkbox"/>	In	N/A	N/O						36. Equipment, utensils and linens, storage and use		
<input checked="" type="checkbox"/>	In	N/A	N/O						37. Vending Machines		
<input checked="" type="checkbox"/>	In								38. Adequate ventilation and lighting		
<input checked="" type="checkbox"/>	In	N/A	N/O						39. Thermometers provided and accurate		
<input checked="" type="checkbox"/>	In								40. Wiping cloths properly used and stored		
<input checked="" type="checkbox"/>	In	N/A	N/O						41. Plumbing, proper backflow prevention		X
<input checked="" type="checkbox"/>	In	N/A	N/O						42. Garbage properly disposed; facilities maintained		
<input checked="" type="checkbox"/>	In	N/A	N/O						43. Toilet facilities supplied, properly constructed, clean		
<input checked="" type="checkbox"/>	In	N/A							44. Premises clean, vermin proof; personal items separate		
<input checked="" type="checkbox"/>	In								45. Floors, walls and ceilings maintained and clean		
<input checked="" type="checkbox"/>	In								46. No unapproved living or sleeping quarters		
<input checked="" type="checkbox"/>	In								47. Signs posted; Permit & inspection report available		
<input checked="" type="checkbox"/>	In								48. Plan Review Required		

No PHF []					
°F	Food	Location	°F	Food	Location
38	Milk	Walkin cooler			
38	Milk	Milk cooler			

Comments:

4) Provide backflow device at prep sink spigot - as - remove hose

Received By: *[Signature]* REHS: *John H. Wells*