

Food Program Official Inspection Report

Siskiyou County Community Development Department Environmental Health Division 806 S. Main Street Yreka, California 96097

phone: (530) 841-2100, fax: (530) 841-4076

Facility	/ Na	me: Golden E	agle	Char	ter S	chool			Permit # 0	00619
Addres	ss:	2411 S Mount	Sha	sta B	lvd ,	Mount Sha	asta CA			
Permit Holder: Golden Eagle Charter School Permit To Operate: O Valid Not Valid										
Phone	:	530-926-5800					E-mail: schoo	olnutritionprogram@	gecs.org	
Food S	Food Safety Certified Employee: Maicey Demartini Expiration Date: 11/2027									
				OUT			The marked items repres	sent Health Code violation	ns and must be corrected	
Protection Time/ Temp.	1	Food Temp.								
	2	Prep./ Service					TOOTHY.	INSPECTION COND	OOTED THIS BITTE	
	3	Storage/ Disp.								
	4	Frozen Food								
	5	Pure Food								
	6	Reused Food								
	7	Transportation								
Food Storage	8	Storage Fac.								
	9	Refrig. Units								
	10	Thermometer								
000 <u>-</u>	11	Hazardous Mat.								
<u>.</u>	12	Spoils								
Uten./Equip.	13	Wash/ Sanitize								
	14	Equip. Condition								
ten.	15	Utensil Condition								
'n	16	Storage								
Ф	17	Handwashing								
loye	18	Employee Hygiene								
Employee	19	Employee Habits								
	20	Food Cert./ Card								
Water		Water								
	22	Cross Con.								
aste	_	Liquid Waste								
Wast	24	Refuse								
Vermin Waste		Rodents/ Insects								
Vern	26	Animal/ Fowl								
		Ventilation								
es		Doors								
Facilities		Floors	ш							
Fa		Walls - Ceilings								
		Toilet Fac.								
	-	Janitorial Fac.	Н							
		Lighting								
Misc.	_	Clothing - Linen								
Μį		Signs								
NAA I		Misc. or violation		0	of oor	nlianas	COS - Corrected an ait-			
			JU1 =	- Out C	n con	npliance	COS = Corrected on-site Received by (Signature):		Date:	
	Maicey Demartini 4/13/2023									
REHS (Print): REHS (Signature): Phone: Alexa Roche 4/13/2023						3/2023				

Facility Name: Gold	len Eagle Charter Scho	pol		
			nd must be corrected as follow	vs:
Received By (Print): Maicey	Demartini	Received by (Signature):		Date: 4/13/2023
REHS (Print): Alexa Roche		REHS (Signature):		Phone: 4/13/2023

Facility Name:	Golden Eagle Charter School	
	The marked items represent Health Code violations and must be corrected as	follows:
Received By (Print): Maic	Received by (Signature): ey Demartini	Date: 4/13/2023
REHS (Print):	REHS (Signature):	Phone:

4/13/2023

Alexa Roche

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4/13/2023

Alexa Roche