



# 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 Name: <b>Sisson Scool</b>				Permit # <b>607918</b>	
Address: <b>601 E Alma St Mount Shasta</b>					
Permit Holder: <b>MSUSD</b>				Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid	
Phone: <b>530-926-3846</b>		E-mail:			
Food Safety Certified Employee: <b>Mohamed Hamzane</b>				Expiration Date: <b>09/2027</b>	

  

			MAJ	OUT	COS	
Protection Time/ Temp.	1	Food Temp.				<p style="text-align: center;">The marked items represent Health Code violations and must be corrected as follows:</p> <p style="text-align: center; font-weight: bold;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>14) Observed dishwasher dispensing less 50 ppm of sanitizer. Dishwasher sanitizer should achieve at least 50 ppm of sanitizer when tested. Manually sanitize wares until dishwasher is repaired or replace. Also obtain test strips to be able to test the dishwasher daily.</p>
	2	Prep./ Service				
	3	Storage/ Disp.				
	4	Frozen Food				
	5	Pure Food				
	6	Reused Food				
	7	Transportation				
Food Storage	8	Storage Fac.				
	9	Refrig. Units				
	10	Thermometer				
	11	Hazardous Mat.				
	12	Spoils				
Uten./Equip.	13	Wash/ Sanitize				
	14	Equip. Condition		X		
	15	Utensil Condition				
	16	Storage				
Employee	17	Handwashing				
	18	Employee Hygiene				
	19	Employee Habits				
	20	Food Cert./ Card				
Water	21	Water				
	22	Cross Con.				
Waste	23	Liquid Waste				
	24	Refuse				
Vermin	25	Rodents/ Insects				
	26	Animal/ Fowl				
Facilities	27	Ventilation				
	28	Doors				
	29	Floors				
	30	Walls - Ceilings				
	31	Toilet Fac.				
	32	Janitorial Fac.				
	33	Lighting				
Misc.	34	Clothing - Linen				
	35	Signs				
	36	Misc.				

  

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site	
Received By (Print): <b>Alexa Roche</b>	Received by (Signature): _____ Date: <b>4/18/2023</b>
REHS (Print): <b>Alexa Roche</b>	REHS (Signature): _____ Phone: <b>530-841-2117</b>

**Facility Name:** Sisson Scool

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print):	Received by (Signature):	Date: 4/18/2023
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REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117
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**Facility Name:** Sisson Scool

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