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: Siskiyou Joint Community College District Permit # 000430 | | | | | | | | |
|--|-------|---------------------------------|--|--------------|--|----------------------------|--|--|
| Addres | s: | 800 College Av | ve, We | ed CA | 4 | | | |
| Permit Holder: College of the Siskiyous Permit To Operate: Valid Not Valid | | | | | | | | |
| Phone: | C | 530-938-5232 | | | E-mail: Rgiordanengo@siskiyous.edu | | | |
| Food S | afet | y Certified Employ | ree: Ter | resa N | Moon-Moreno Expiration | Date: 06/2028 | | |
| | | | | UT COS | | | | |
| Protection Time/ Temp. | | Food Temp. | | | ROUTINE INPSECTION CONDUCTED THIS | DATE | | |
| | 2 | Prep./ Service | | | | | | |
| | 3 | Storage/ Disp. | | | 8) Observed onions stored on the ground within food storage area. Keep all food | | | |
| n Tir | 4 | Frozen Food | $oxed{oxed}$ | Щ_ | product 6" off the ground. Correct asap. | | | |
| ctio | | Pure Food | igsquare | Щ | 14) Observed excessive build-up of dust on the pipe, above the prep | table holding | | |
| rote | 6 | Reused Food | igspace | \bot | utensils. Keep food free of contamination. Replace or clean asap. | | | |
| Δ. | - | Transportation | Щ | — | | | | |
| ge | | Storage Fac. | | × | 28) Observed a gap in the backdoor entrance or exit without vermin or insect control. | | | |
| Food Storage | - | Refrig. Units | | $+\!\!\!-$ | Ensure facility is constructed, equipped, maintained, and operated to prevent the entrance and harborage of vermin, rodents, and insects. Repair within 90 days. | | | |
| S po | | Thermometer | \vdash | $+\!\!\!\!-$ | - Childride and harborage of vortility, reactive, and incode. Hepair main | 1 30 days. | | |
| Рос | | Hazardous Mat. | $\vdash \vdash$ | $+\!\!\!-$ | 29) Observed damaged finishes (ie tiles, paint) along the walls, trims, | | | |
| | | Spoils | \vdash | $+\!\!-$ | counter in the food prep and warewashing area. Ensure surfaces are | cleanable, | | |
| Uten./Equip. | _ | Wash/ Sanitize | $\vdash \vdash$ | _ | durable, non-absorbent, and smooth. Repair within 90 days. | | | |
|)./Ec | | Equip. Condition | | × | 30) Observed plaster or paint damage on walls in ware-washing and | food prep area. | | |
| Uter | - | Utensil Condition Storage | \vdash | $+\!\!-$ | Ensure all wall surfaces are smooth, durable, nonabsorbent, and eas | | | |
| _ | | | \vdash | $+\!\!\!-$ | Repair within 90 days. | | | |
| yee | _ | Handwashing Employee Hygiene | $\vdash \vdash$ | $+\!\!-$ | | · · · I for all mann or on | | |
| Employee | | Employee Habits | | +- | 30) Observed holes throughout the ceiling within the ware-washing and food process (Keep food free of contamination. Repair within 90 days. | | | |
| Επ | - | Food Cert./ Card | | + | Reep 1000 free of contamination. Repair within 50 days. | | | |
| ē | _ | Water | | +- | † | | | |
| Water | - | Cross Con. | | + | † | | | |
| | | Liquid Waste | + | + | † | | | |
| Waste | - | Refuse | | + | † | | | |
| , nin | | Rodents/ Insects | | + | 1 | | | |
| Vermin | - | Animal/ Fowl | | \top | 1 | | | |
| · | 27 | Ventilation | | 1 | 1 | | | |
| S | | Doors | > | × l | 1 | | | |
| -acilities | 29 | Floors | > | X | 1 | | | |
| Fac | 30 | Walls - Ceilings | > | × | 1 | | | |
| | 31 | Toilet Fac. | | | 1 | | | |
| | 32 | Janitorial Fac. | | | 1 | | | |
| | 33 | Lighting | | | | | | |
| .c | 34 | Clothing - Linen | | | | | | |
| Misc. | 35 | Signs | | \Box | | | | |
| | | Misc. | | <u> </u> | | | | |
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site | | | | | | | | |
| Received By (Print): Received by (Signature): Date: Robin McSwain 9/26/2023 | | | | | | | | |
| REHS (| Print |): Chalyn Dewe | ev | | REHS (Signature): Phone: 53 | 30-841-2112 | | |

| Facility Name: Siskiyou Joi | int Community College District | |
|---------------------------------------|---|------------------------|
| The marke | ed items represent Health Code violations and must be cor | rected as follows: |
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| | Provide the (O' or or or or | |
| Received By (Print): Robin McSwair | | Date: 9/26/2023 |
| REHS (Print): Chalyn Dewey | REHS (Signature): | Phone: 530-841-2112 |

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| REHS (Print): | | REHS (Signature): | Phone: | |
| Chalyn De | wey | • | 530-841-2112 | |

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| | in McSwain | Received by (Signature): | Date: 9/26/2023 | |
| REHS (Print): Chalyn [| Dewey | REHS (Signature): | Phone: 530-841-2112 | |