

## **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: Delphic S	chool				Permit # 000	191		
Addres		1420 Delphic I		Mont	ague	· CA				
Permit Holder: Delphic School							Permit To Oper  Valid	rate: Not Valid		
		530-842-3653				E-mail: mmasson@delphic.k12.c	ca.us			
Food S	Safet	ty Certified Employ	<sup>yee:</sup> M	ireva	Mass	sson	Expiration Date	· 08/2027		
			MAJ			The marked items represent Health Code violatio	ns and must be corrected as for			
e Uten./Equip. Food Storage Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CO				
	2	Prep./ Service				THE TIME WELL BOTTON GO	1100120 011 11110 07111	_		
	3	Storage/ Disp.								
	4	Frozen Food				SATISFACTORY AT PRESENT TIME				
	5	Pure Food								
	6	Reused Food								
	7	Transportation								
Food Storage	8	Storage Fac.								
	9	Refrig. Units								
	10	Thermometer								
		Hazardous Mat.								
	12	Spoils								
		Wash/ Sanitize								
		Equip. Condition								
lten.	-	Utensil Condition								
	16	Storage								
e O	_	Handwashing								
oloye	-	Employee Hygiene								
Emp		Employee Habits								
		Food Cert./ Card								
ater		Water		_						
<u> </u>		Cross Con.	1 1							
Vermin Waste Water Employee	-	Liquid Waste								
Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp. 9 of 3 and 3 points and 3 po		Refuse	1 1							
rmir		Rodents/ Insects								
ž		Animal/ Fowl								
		Ventilation	Н	_						
es		Doors								
acilit		Floors	Н	_						
щ		Walls - Ceilings	Н	_						
		Toilet Fac.	$\vdash$	-						
		Janitorial Fac.	Н	_						
		Lighting	$\vdash$	-						
isc.	-	Clothing - Linen	$\vdash$	-+	$\dashv$					
Σ		Signs		-+	$\dashv$					
ΜΔΙ		Misc. or violation (	DUT = (	Out of	compli	liance COS = Corrected on-site				
		(Print):  Mireya			Joinpile	Received by (Signature):	Date: 9/27/20	)23		
REHS (	Print					REHS (Signature):	Phone: 530-84	41-2117		

Facility Name:	Delphic School	
	The marked items represent Health Code violations and must be corrected as	s follows:
<u> </u>	Province the (O'marker)	D
	ireya Masson	Date: 9/27/2023
REHS (Print): Alexa Ro	REHS (Signature):	Phone: 530-841-2117

Facility Name:	Delphic School	
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	· ·	
Received By (Print): Mire	Received by (Signature): eya Masson	Date: 9/27/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

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			_	
	eya Masson	Received by (Signature):	Date: 9/27/2023	
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phone: 530-841-2117	