



### 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: Evergreen Elementary	Permit # 000229
Address: 416 Evergreen Ln Yreka CA 96097	
Permit Holder: Evergreen School	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: 530-842-4912	E-mail: tmunoz@yrekausd.net
Food Safety Certified Employee: Sarah Green	Expiration Date: 06/2025

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			13) Observed no sanitizer available in buckets with rags for wiping down counters and tables. Test strips should be readily available at all times for testing sanitizing solution. Obtain test strips as soon as possible.  <b>ROUTINE INSPECTION CONDUCTED ON THIS DATE</b>
	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	X		
	14	Equip. Condition			
	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): Tawnie Munoz    Received by (Signature): _____    Date: 9/27/2023
REHS (Print): Alexa Roche    REHS (Signature): _____    Phone: 530-841-2117

**Facility Name:** Evergreen Elementary

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

Received By (Print):  
Tawnie Munoz

Received by (Signature):

Date:  
9/27/2023

REHS (Print):  
Alexa Roche

REHS (Signature):

Phone:  
530-841-2117

**Facility Name:** Evergreen Elementary

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

[Empty area for listing violations and corrections]

Received By (Print): Tawnie Munoz	Received by (Signature):	Date: 9/27/2023
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REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117
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**Facility Name:** Evergreen Elementary

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

[Empty area for listing health code violations and correction details]

Received By (Print): Tawnie Munoz	Received by (Signature):	Date: 9/27/2023
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REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117
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