

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	Facility Name: Tulelake Elementary Permit # 000468								
Addres		461 2nd Stree							
Permit	mit Holder: Tulelake Elementary Permit To Operate: Valid Not Valid								
Phone	:	530-667-2294				E-mail:			
Food S	Safe	ty Certified Employ	^{/ee:} F	Rose	mar\	/ Jochim	Expiration	Date: 01/2026	
				OUT		The marked items represent Health Code vi	riolations and must be corrected		
Protection Time/ Temp.	1	Food Temp.				-	CONDUCTED ON THIS DA		
	2	Prep./ Service						. –	
	3	Storage/ Disp.							
	4	Frozen Food				SATISFACTORY AT PRESENT TIME			
	5	Pure Food							
	6	Reused Food							
	7	Transportation							
ө	8	Storage Fac.							
Food Storage	9	Refrig. Units							
	10	Thermometer							
-000		Hazardous Mat.							
ш	12	Spoils							
ġ.	13	Wash/ Sanitize							
Uten./Equip.	14	Equip. Condition							
ten.,	15	Utensil Condition							
Ò	16	Storage							
Ф	17	Handwashing							
Employee	18	Employee Hygiene							
dw:	19	Employee Habits							
	20	Food Cert./ Card							
Water	_	Water							
	22	Cross Con.							
aste	_	Liquid Waste							
×	_	Refuse							
Vermin Waste	_	Rodents/ Insects							
Ve	26	Animal/ Fowl		Ш					
	_	Ventilation							
es		Doors		Ш					
Facilities		Floors							
Fa		Walls - Ceilings							
		Toilet Fac.							
	-	Janitorial Fac.							
		Lighting							
	_	Clothing - Linen	Щ	\sqcup					
Σ		Signs		\sqcup					
N40 '		Misc.				COC. Compate la calle			
		or violation (JU I =	Out 0	o com	npliance COS = Corrected on-site Received by (Signature):	Date:		
		Rosem	ary J	ochi	n		9/2	9/2023	
REHS (Print): REHS (Signature): Phone: 530-841-2117									

Facility Name: Tu	ılelake Elementary		
	The marked items represent Health Code viol	ations and must be corrected as follows:	
	Received by (Signatu mary Jochim		ate: 9/29/2023
REHS (Print): Alexa Roch	REHS (Signature):	Pł	none: 530-841-2117

Facility Name:	Tulelake Elementary	
	The marked items represent Health Code violations and must be corrected as follows:	
Received By (Print):	Received by (Signature): Dat	
ROSE REHS (Print):	emary Jochim REHS (Signature): Pho	9/29/2023

530-841-2117

Alexa Roche

Facility Name:	Tulelake Elementary	,	
	The marked items re	present Health Code violations and must	be corrected as follows:
	emary Jochim	Received by (Signature):	Date: 9/29/2023
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phone: 530-841-2117