

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	Permit # 000431												
Addres	ss:	601 E Alma St	Μοι	int S	hast	a							
Permit	Hol	der:				Permit To Operate:							
Dhana		MSUSD				Valid Not Valid							
Phone	: {	530-926-3846				E-mail:							
Food S	Food Safety Certified Employee: Expiration Date:												
			MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:							
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED THIS DATE							
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE							
	3	Storage/ Disp.											
	4	Frozen Food											
ctior	5	Pure Food											
otec	6	Reused Food				20) Current food manager certificate holder is no longer with facility. New food manager							
Ā	7	Transportation				is scheduled to obtain food manager certificate on October 11th. Ensure that you obtain a current certificate within 60 days.							
Ð	8	Storage Fac.				a current certificate within 60 days.							
Food Storage	9	Refrig. Units											
	10	Thermometer											
		Hazardous Mat.											
	12	Spoils											
Uten./Equip.	13	Wash/ Sanitize											
	14	Equip. Condition											
	15	Utensil Condition											
	16	Storage											
Employee	17	Handwashing											
		Employee Hygiene											
d Li		Employee Habits											
		Food Cert./ Card		Х									
Water	-	Water											
3													
Waste	-	Liquid Waste											
		Refuse											
/ermin	-	Rodents/ Insects											
Š		Animal/ Fowl	_										
ies	28												
Facilities			\vdash										
Га	-	5											
		Toilet Fac.											
	32	Janitorial Fac.											
		Lighting											
Misc.		Clothing - Linen	\vdash										
Σ		Signs	\vdash										
MA.I –		Misc. or violation C	UT	Out	of corr	pliance COS = Corrected on-site							
		y (Print):				Received by (Signature): Date:							
L		Ryan Pa	adilla	à		10/02/2023							
REHS (Print): Rick Florendo						REHS (Signature): Phone: 530-841-2114							

Facility Name:	Sisson Scool			
	The marked items repres	ent Health Code violations and mu	ust be corrected as follows	
		х.		
Received By (Print):	D	Received by (Signature):	C	Date:
	van Padilla			10/02/2023
REHS (Print):		REHS (Signature):	F	Phone:
Rick Flor	endo			530-841-2114
Page 2				

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Received By (Print): Received by (Signature): Date:	
Ryan Padilla 10/02/2023	
REHS (Print): REHS (Signature): Phone: Rick Florendo 530-841-2114	
Rick Florendo530-841-2114Page 3530-841-2114	

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Received By (Print): Received by (Signature): Date: Ryan Padilla 10/02/2023	
REHS (Print): REHS (Signature): Phone:	
Rick Florendo S30-841-2114	