



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: Jackson Street School	Permit # 000267
Address: 405 Jackson St., Yreka, CA 96097	
Permit Holder: Jackson Street School	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: 530-842-8561	E-mail: rhead@yrekaukd.net
Food Safety Certified Employee: Renee Head	Expiration Date: 05/2027

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			
	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			
	14	Equip. Condition		X	
	15	Utensil Condition			
Employee	16	Storage			
	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
Water	20	Food Cert./ Card			
	21	Water			
Waste	22	Cross Con.			
	23	Liquid Waste			
Vermin	24	Refuse			
	25	Rodents/ Insects			
Facilities	26	Animal/ Fowl			
	27	Ventilation			
	28	Doors		X	
	29	Floors			
	30	Walls - Ceilings		X	
	31	Toilet Fac.			
	32	Janitorial Fac.			
Misc.	33	Lighting			
	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

ROUTINE INSPECTION CONDUCTED THIS DATE

14) Observed build-up of dust in walk-in refrigeration unit's compressor shield. Equipment shall be kept clean, fully operative, and in good repair. Clean according to manufacturers specification. Correct asap.

28, 30) Observed damaged to finishes on wood surfaces in the walk-in freezer, dry storage area. Observed damages to finishes around the trims of the door and corners of the wall near the kitchen's entrance. Surfaces in all areas in which food is stored should be smooth, durable in construction, easily cleanable, and nonabsorbent in material. Repair within 90 days.

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Renee Head	Received by (Signature): _____ Date: 10/3/2023
REHS (Print): Chalyn Dewey	REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Jackson Street School

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

Empty space for listing health code violations and correction details.

Received By (Print): Renee Head	Received by (Signature):	Date: 10/3/2023
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REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112
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Received by (Signature):

Date:
10/3/2023

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
530-841-2112