

## **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	<sup>me:</sup> Grenada I	Elem	entar	у		Permit # 0	00248	
Addres	SS:	516 Shasta Bl	vd , (	Grena	ıda (	CA 96038			
Permit Holder: Grenada Elementary Permit To Ope  Valid									
Phone	;	530-436-0365				E-mail: keri.patti@grenad	la.k12.ca.us		
Food S	Safe	ty Certified Employ	<sup>/ee:</sup> k	Keri P	atti		Expiration D	oate: 05/2027	
				OUT		The marked items represent Health Cod	le violations and must be corrected a		
Protection Time/ Temp.	1	Food Temp.					N CONDUCTED ON THIS DAT		
	2	Prep./ Service				1,0012	_		
	3	Storage/ Disp.				SATISFACTOR	SATISFACTORY AT PRESENT TIME		
	4	Frozen Food							
tion	5	Pure Food							
otec	6	Reused Food							
Pr	7	Transportation							
Food Storage	8	Storage Fac.							
	9	Refrig. Units							
	10	Thermometer							
		Hazardous Mat.							
	_	Spoils							
Uten./Equip.	_	Wash/ Sanitize							
	14	Equip. Condition							
lten.		Utensil Condition							
)	16	Storage							
e 0		Handwashing							
Employee		Employee Hygiene							
Emp		Employee Habits							
		Food Cert./ Card							
Water		Water	-						
		Cross Con.	-						
Waste	_	Liquid Waste							
<u> </u>		Refuse	-						
Vermin	_	Rodents/ Insects							
ž		Animal/ Fowl							
		Ventilation	Н						
ies		Doors	Н						
Facilities		Floors	Н						
ш		Walls - Ceilings	Н						
		Toilet Fac.  Janitorial Fac.							
	-		Н						
		Lighting Clothing - Linen							
Misc.	_				-				
2		Signs Misc.			_				
MAJ =			DUT =	Out of	f com	npliance COS = Corrected on-site			
	MAJ = Major violation OUT = Out of compliance COS = Corrected on-site  Received By (Print): Received by (Signature): Date:  Keri Patti 10/10/2023								
REHS (Print): REHS (Signature): Phone: 530-841-2117							)-841-2117		

Facility Name:	Grenada Elementary	
	The marked items represent Health Code violations and must be co	orrected as follows:
	Descind by (Observe)	
Received By (Print): <b>K</b> e	Received by (Signature): eri Patti	Date: 10/10/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Grenada Elementary	
	The marked items represent Health Code violations and must be corrected as follow	S:
•		
	· ·	
Received By (Print):	Received by (Signature):	Date:
Keri	i Patti	10/10/2023
RFHS (Print)	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Grenada Elementary	
	The marked items represent Health Code violations and must be corrected as follows:	
Received By (Print):	Received by (Signature):	rate: 10/10/2023
REHS (Print):		hone:
Alexa Ro	oche	530-841-2117