



### 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: <b>McCloud Elementary School</b>	Permit # <b>000313</b>
Address: <b>322 Hamilton Way, McCloud, CA, 96057</b>	
Permit Holder: <b>McCloud Elementary School</b>	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: <b>530-964-2133</b>	E-mail: <b>nmay@sisnet.ssku.k12.ca.us</b>
Food Safety Certified Employee: <b>Norman May</b>	Expiration Date: <b>12/2026</b>

		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		X	
	10	Thermometer			
	11	Hazardous Mat.			
	12	Spoils			
Uten./Equip.	13	Wash/ Sanitize			
	14	Equip. Condition			
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing		X	
	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.			

9) Observed buildup of ice, from condensation all over the food around the compressor area in the walk-in freezer. If compressor unit is leaking, remove all the food away from compressor unit to be free of contaminant. However, if seal is broken around the door, then keep equipment in servicable manner at all times. Correct within 90 days.

17) Observed the paper towel dispenser not working properly in the restroom to facility proper handwashing technique. Replace or repair within 90 days.

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

**Facility Name:** McCloud Elementary School

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

Received By (Print): Norman May      Received by (Signature):      Date: 10/10/2023

REHS (Print): Chalyn Dewey      REHS (Signature):      Phone: 530-841-2112

**Facility Name:** McCloud Elementary School

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

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

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REHS (Print): Chalyn Dewey      REHS (Signature):      Phone: 530-841-2112

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Received By (Print):  
Norman May

Received by (Signature):

Date:  
10/10/2023

REHS (Print):  
Chalyn Dewey

REHS (Signature):

Phone:  
530-841-2112