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: McCloud High School Permit # 000736											
Addres	SS:	133 Campus \	Nay,	, McC	lou	d, CA, 96057					
Permit	Hol	_{der:} Siskivou U	nion	Hiah	Sc	nool District	Permit To Valid	Operate: Not Valid			
Phone	: ,	530-926-3006/				E mail:	<u> </u>	<u> </u>			
Food S		ty Certified Employ			-10	minamin @ sisurisu.net	Expiration	Date:			
					200	The worked items represent Health Code violations and must					
	1	Food Temp.	MAJ	OUT	508	The marked items represent Health Code violations and must	be corrected	as follows:			
⊢ ⊢		Prep./ Service				ROUNTINE INSPECTION CONDUCTED THIS	3 DATE				
		Storage/ Disp.									
	_	Frozen Food									
ioi	5	Pure Food				Satisfactory at Present Time					
otect	6	Reused Food									
Pro	7	Transportation									
	8	Storage Fac.				NOTE: Facility is currently "serve only". All foods, both potentially hazardous and non potentially hazardous, are prepared at Weed Community Center and completely					
rage	9	Refrig. Units									
Food Storage	10	Thermometer				prepackaged.		, , , ,			
	11	Hazardous Mat.									
ш	12	Spoils									
ıip.	13	Wash/ Sanitize									
Uten./Equip.	14	Equip. Condition									
ten.	15	Utensil Condition									
	16	Storage									
e		Handwashing									
Employee		Employee Hygiene									
Emp	_	Employee Habits									
	_	Food Cert./ Card									
Water		Water Cross Con.									
		Liquid Waste									
Waste	-	Refuse									
		Rodents/ Insects									
Vermin		Animal/ Fowl									
		Ventilation									
	_	Doors									
Facilities		Floors									
-aci	-	Walls - Ceilings									
_	31	Toilet Fac.									
	32	Janitorial Fac.									
	33	Lighting									
Misc.		Clothing - Linen									
	35	Signs									
		Misc.									
)UT =	Out of	com	pliance COS = Corrected on-site	Detai				
Keceive	a B)	/ (Print):				Received by (Signature):	Date: 10/	10/2023			
REHS (Print): Rick Florendo						REHS (Signature):	Phone: 53	0-841-2114			

Facility Name:	McCloud High School	
	The marked items represent Health Code violations and must be co	prrected as follows:
	•	
Received By (Print):	Received by (Signature):	Date:
		10/10/2023
RFHS (Print).	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

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REHS (Print):	REHS (Signature):	Phone:

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