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		^{me:} Golden Ea	agle	Cha	rter S	School	Permit # (000618		
Addres	SS:	1515 S. Orego	n St	Ste	A, Y	reka, CA 96097				
Permit	Hol	der:	. 1 . 6	N			Permit To			
Dhana		Golden Ea			ter S	F"	Valid	Not Valid		
Phone		30-926-5800				E-mail: operations@gecs.org				
Food S	Safe	ty Certified Employ	ee: N	۱A			Expiration	Date:		
			MAJ	OUT	COS	The marked items represent Health Code violations and mo	ust be corrected	as follows:		
n Time/ T	1	Food Temp.				ROUTINE INSPECTION CONDUCTED THIS	DATE			
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS	DATE			
	3	Storage/ Disp.				13) Observed manual sanitizer measuring at >200ppm chlorine. Mainta chlorine sanitizer at 100ppm or 200ppm for quat. Corrected during insp		nintain manual Inspections.		
	4	Frozen Food								
	5	Pure Food								
ote	6	Reused Food				36) Facility does not have test strips to measure disinfectant concentration. Obtain t				
ď	7	Transportation								
Φ	8	Storage Fac.				36) Facility does not have test strips to measure disinfectant concentration. Obtain to strips within 90 days.				
Food Storage	9	Refrig. Units								
Stc	10	Thermometer								
00.	11	Hazardous Mat.								
ш	12	Spoils								
ġ.	13	Wash/ Sanitize		X	X					
Uten./Equip.	14	Equip. Condition								
ten.	15	Utensil Condition								
Ď	16	Storage								
ø	17	Handwashing								
Employee	18	Employee Hygiene								
m di	19	Employee Habits								
	20	Food Cert./ Card								
Water	_	Water								
		Cross Con.								
Waste	_	Liquid Waste								
		Refuse								
Vermin		Rodents/ Insects								
>		Animal/ Fowl								
		Ventilation								
es		Doors								
Facilities	-	Floors								
ц		Walls - Ceilings								
		Toilet Fac.								
		Janitorial Fac.								
		Lighting								
Misc.		Clothing - Linen								
Σ		Signs		\ <u>\</u>						
MAI.		Misc. or violation C	ILL :	X	of cor	apliance COS = Corrected on-site				
		/ (Print):	/UI =	- Out (<i>n</i> 6011	Received by (Signature):	Date:			
		Natalie	Casa	arez			10/	20/2023		
REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112						0-841-2112				

Facility Name:			
racinty Name.	Golden Eagle Charter School		
	The marked items represent Health Code	violations and must be corrected as follows:	
	,		
Received By (Print):	Received by (Sig	nature): Da	ite:
Na	talie Casarez		10/20/2023
REHS (Print): Chalyn D	REHS (Signature ewey	e): Ph	one: 530-841-2112

Facility Name:	Golden Eagle Charter	School	
	The marked items rep	resent Health Code violations and must be	corrected as follows:
		December (O'resture)	5:
Received By (Print): Natal	ie Casarez	Received by (Signature):	Date: 10/20/2023
REHS (Print): Chalyn D	ewey	REHS (Signature):	Phone: 530-841-2112

Facility Name: Golden Ea	agle Charter School	
The mark	ked items represent Health Code violations and must be co	rrected as follows:
	`	
Received By (Print):	Received by (Signature):	Date:
Natalie Casare		10/20/2023
REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112