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

| Facilit | Facility Name: Gazelle Elementary 000243 | | | | | | | [#] 000243 | | |
|---|--|----------------------------|-------------------|----------|------------|---|-----------------------------|---------------------|--|--|
| Address: 25305 Gazelle Callahan Rd. Gazelle, CA | | | | | | | | | | |
| Permi | Permit Holder: Permit To Operate: | | | | | | | | | |
| | Gazelle Elementary | | | | | | | O Not Valid | | |
| Phone: 530-435-2321 E-mail: twilson@gazelle.k12.ca.us | | | | | | | | | | |
| Food | Safe | ety Certified Employ | ^{/ee:} T | homa | as Wilson | | Expirat | on Date: 06/2028 | | |
| | | | | OUT C | | The marked items represent Health Code violations and must be corrected as follows: | | | | |
| Protection Time/ Temp. | 1 | Food Temp. | | | | | SPECTION CONDUCTED THIS DAT | | | |
| | 2 | Prep./ Service | | | | | | | | |
| | 3 | Storage/ Disp. | | | | | | | | |
| | 4 | Frozen Food | | | | | | | | |
| | 5 | Pure Food | | | | | | | | |
| | 6 | Reused Food | | | | | | | | |
| | 7 | Transportation | | | | | | | | |
| e | 8 | Storage Fac. | | | | | | | | |
| Food Storage | 9 Refrig. Units | | | | | SATISFACTORY AT PRESENT TIME | | | | |
| | 10 |) Thermometer | | | |] | | | | |
| | | Hazardous Mat. | | | | | | | | |
| | 12 | Spoils | | | | | | | | |
| Uten./Equip. | _ | 8 Wash/ Sanitize | | | | | | | | |
| | 14 | Equip. Condition | | | | | | | | |
| ten. | 15 | Utensil Condition | | | | | | | | |
| | 16 | Storage | | | | | | | | |
| ee | - | ' Handwashing | | | | | | | | |
| Employee | - | B Employee Hygiene | | | | | | | | |
| ШШ | | Employee Habits | | | | | | | | |
| | - | Food Cert./ Card | | | | | | | | |
| Water | _ | Water | | | | | | | | |
| | - | Cross Con. | | | | | | | | |
| Waste | - | Liquid Waste | | | | | | | | |
| < | - | Refuse Rodents/ Insects | | | | | | | | |
| Vermin | | Animal/ Fowl | | | | | | | | |
| > | - | | | | | | | | | |
| | | Ventilation | - | | | | | | | |
| ties | | Floors | - | | | | | | | |
| Facilities | - | Walls - Ceilings | | | | | | | | |
| ш | - | Toilet Fac. | | | | | | | | |
| | | 2 Janitorial Fac. | | | | | | | | |
| | - | Lighting | | \vdash | | | | | | |
| Misc. | | Clothing - Linen | | \vdash | \neg | | | | | |
| | - | i Signs | | \vdash | - | | | | | |
| | | Misc. | | \vdash | | | | | | |
| MAJ = | | | DUT = | Out of | compliance | COS = Corrected on-site |) | | | |
| Received By (Print): Received by (Signature): Date: Thomas Wilson 10/26/2023 | | | | | | 0/26/2023 | | | | |
| REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112 | | | | | | 530-841-2112 | | | | |
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| Facility Name: | Gazelle Elementary | | | |
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| | The marked items rep | resent Health Code violations and | I must be corrected as follow | S: |
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| REHS (Print): | | REHS (Signature): | | Phone: 530-841-2112 |
| Chalyn De Page 2 | ewey | | | 530-841-2112 |
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| REHS (Print): | Dowov | REHS (Signature): | | Phone: |
| Chalyn I | Dewey | | | 530-841-2112 |
| Page 3 | | | | |

| Facility Name: | | |
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