## 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	me: McCloud	High Sch	nool			Permit # 000736	
Addres	ss:	133 Campus \			CA, 96057			_
Permit	Hol	<sup>der:</sup> Siskiyou U	nion Hig	h Schoo	ol District		Permit To Operate:  Valid Not Valid	
Phone	: 5	530-926-3006/	530-964	-2181	E-mail: mha	amm@sisuhsd.net		
Food S		ty Certified Employ					Expiration Date:	_
				1008	The marked items renr	esent Health Code violations and must t	ne corrected as follows:	_
	1	Food Temp.	IVIA3 OUT	003				_
due		Prep./ Service			ROUNTINE INS	PECTION CONDUCTED THIS	DATE	
) T		Storage/ Disp.						
Protection Time/ Temp.		Frozen Food						
	5	Pure Food						
	6	Reused Food						
Pro	7	Transportation						
Φ	-	Storage Fac.						
age.	_	Refrig. Units			SATIS	FACTORY AT PRESENT TIME	=	
Stor	_	Thermometer			0/1110	THE TOTAL THE CENT TIME	-	
Food Storage	11	Hazardous Mat.						
ш	12	Spoils						
<u>ā</u>	13	Wash/ Sanitize						
Equi	14	Equip. Condition						
Uten./Equip.	15	Utensil Condition						
ゔ	16	Storage						
ø	17	Handwashing						
Employee	18	Employee Hygiene						
]dw	19	Employee Habits						
	20	Food Cert./ Card						
ater		Water						
Š		Cross Con.						
aste	-	Liquid Waste						
Š	24	Refuse						
rain		Rodents/ Insects						
Λe	_	Animal/ Fowl						
	_	Ventilation						
es		Doors		T = Out of compliance				
Facilities Vermin Waste Water		Floors						
Ŗ		Walls - Ceilings	Н					
	_	Toilet Fac.						
		Janitorial Fac.						
	_	Lighting						
Misc.		Clothing - Linen						
Σ		Signs		+				
MA.I =		Misc. or violation (	OUT = Out	of complian	nce COS = Corrected on-site			_
Received By (Print): Received by (Signature): Date:							_	
		Amy Bo	urke				11/03/2023	
REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-84					Phone: 530-841-2112			

Facility Name:	McCloud High School	
	The marked items represent Health Code violations and must be corrected as follows:	
Received By (Print):	Received by (Signature): Date:	11/03/2023
REHS (Print):	ny Bourke  REHS (Signature): Phone	
Chalyn D	Dewey 530	)-841-2112

Facility Name:	McCloud High School	
	The marked items represent Health Code violations and must be corrected as follows:	
	· ·	
Received By (Print): Amy	Received by (Signature): Date Bourke	te: 11/03/2023
REHS (Print): Chalyn [		one: 530-841-2112

Facility Name:	McCloud High School	
	The marked items represent Health Code violations and must be corrected as fol	lows:
	•	
Received By (Print): Amy	Received by (Signature): y Bourke	Date: 11/03/2023
REHS (Print): Chalyn [	REHS (Signature):	Phone: 530-841-2112