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	Facility Name: Little Shasta School Permit # 000304									
Address: 8409 Little Shasta Rd Montague CA										
Permit		der:			<u> </u>	Permit To Operate:				
		Little Shast	ta Sc	hool		Valid O Not Valid				
Phone	Phone: 530-459-3269 E-mail: ksanchez@littleshasta.k12.us									
Food Safety Certified Employee: Kimberly Sanchez Expiration Date: 09/2024										
				OUT COS						
emp.	1	Food Temp.			ROUTINE INSPECTION COND					
	2	Prep./ Service								
le/ T	3	Storage/ Disp.								
Protection Time/ Temp.	4	Frozen Food			SATISFACTORY AT PF	RESENT TIME				
	5	Pure Food								
	6	Reused Food								
P	7	Transportation								
0	8	Storage Fac.								
orag	9	Refrig. Units								
Food Storage	10	Thermometer								
000		Hazardous Mat.								
	12	Spoils								
ġ		Wash/ Sanitize								
Uten./Equip.	14	Equip. Condition								
ten.	_	Utensil Condition								
		Storage								
e	_	Handwashing								
Employee		Employee Hygiene								
ШШ		Employee Habits								
		Food Cert./ Card								
Water		Water								
<u>ح</u>		Cross Con.								
Waste	_	Liquid Waste Refuse								
Vermin		Rodents/ Insects Animal/ Fowl								
>		Ventilation								
		Doors								
Facilities	_	Floors								
acil		Walls - Ceilings								
LL.	_	Toilet Fac.								
		Janitorial Fac.								
	33	Lighting								
Misc.		Clothing - Linen								
	35	Signs								
		Misc.								
			)UT =	Out of cor						
Received By (Print): Received by (Signature): Date: 11/3/2023						Date: 11/3/2023				
REHS (Print): REHS (Signature): Phone: 530-841-2117						Phone: 530-841-2117				

Facility Name: Little Shasta Scho	ool	
	is represent Health Code violations and must be	corrected as follows:
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	κ.	
Received By (Print): Kayla Salvestro	Received by (Signature):	Date: 11/3/2023
REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117

Facility Name:		
	The marked items represent Health Code violations and	must be corrected as follows:
	κ.	
Received By (Print):	Received by (Signature):	Date:
Kay	la Salvestro	11/3/2023
REHS (Print): Alexa R	REHS (Signature):	Phone:
Alexa R Page 3	ocile	530-841-2117

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	x	
Received By (Print):	Received by (Signature):	Date:
Kay	/la Salvestro	11/3/2023
REHS (Print): Alexa Ro	REHS (Signature):	Phone: 530-841-2117
		550-641-2117