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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

| Evergreen Elementary Evergreen Elementary | | | | | | | 000229 | | | | |
|---|---|------------------------------|--------|-------|--------|---------------------------------|--|--|--|--|--|
| Address: 416 Evergreen Ln Yreka CA 96097 | | | | | | | | | | | |
| Permit | Hole | ^{der:} Evergreen | Sch | ool | | | Permit To Operate: Valid Not Valid | | | | |
| Phone: | Phone: 530-842-4912 E-mail: tmunoz@yrekausd.net | | | | | | | | | | |
| Food S | Safet | y Certified Employ | /ee: c | Sarah | Gre | een | Expiration Date: 06/2025 | | | | |
| | | | | OUT | | | violations and must be corrected as follows: | | | | |
| Ċ. | 1 | Food Temp. | | | | ROUTINE INSPECTION CO | | | | | |
| Protection Time/ Temp. | 2 | Prep./ Service | | | | ROUTINE INSPECTION CO | INDOCTED ITIIS DATE | | | | |
| | 3 | Storage/ Disp. | | | | | | | | | |
| | 4 | Frozen Food | | | | | | | | | |
| | 5 | Pure Food | | | | | | | | | |
| rote | 6 | Reused Food | | | | | | | | | |
| Ф | 7 | Transportation | | | | | | | | | |
| e de | | Storage Fac. | | | | 0.471074.070074.47 | | | | | |
| Food Storage | | Refrig. Units | ļ . | | | SATISFACTORY AT PRESENT TIME | | | | | |
| | 10 | Thermometer | | | | | | | | | |
| | _ | Hazardous Mat. | | | | | | | | | |
| | | Spoils | | | | | | | | | |
| Uten./Equip. | | Wash/ Sanitize | | | | | | | | | |
| | | Equip. Condition | | | | | | | | | |
| Uter | _ | Utensil Condition | | | | | | | | | |
| | | Storage Handwashing | | | | | | | | | |
| уее | | Employee Hygiene | | | | | | | | | |
| Employee | | Employee Habits | | | | | | | | | |
| п | | Food Cert./ Card | | | | | | | | | |
| ie. | 21 | Water | | | | | | | | | |
| Water | 22 | Cross Con. | | | | | | | | | |
| ste | 23 | Liquid Waste | | | | | | | | | |
| Waste | 24 | Refuse | | | | | | | | | |
| Vermin | 25 | Rodents/ Insects | | | | | | | | | |
| Ver | 26 | Animal/ Fowl | | | | | | | | | |
| | 27 | Ventilation | | | | | | | | | |
| es | 28 | Doors | Ш | | | | | | | | |
| Facilities | | Floors | | | | | | | | | |
| Fa | 30 | Walls - Ceilings | | | | | | | | | |
| | | Toilet Fac. | | | | | | | | | |
| | | Janitorial Fac. | | | | | | | | | |
| | | Lighting | | | | | | | | | |
| Misc. | | Clothing - Linen | | | | | | | | | |
| Σ | | Signs | | | | | | | | | |
| MAJ = | | Misc. or violation (| UT = | Out | of com | pliance COS = Corrected on-site | | | | | |
| | | | | | | Received by (Signature): | Date: 11/09/2023 | | | | |
| REHS (Print): Chalyn Dewey | | | | | | REHS (Signature): | Phone: 530-841-2112 | | | | |
| | | - | - | | | | | | | | |

| Facility Name: Ev | vergreen Elementary | |
|-----------------------------|---|------------------------|
| | The marked items represent Health Code violations and must be con | rrected as follows: |
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| Received By (Print): | Received by (Signature): | Date: |
| | ie Munoz | 11/09/2023 |
| REHS (Print): Chalyn Dew | REHS (Signature): | Phone: 530-841-2112 |
| | | |

| Facility Name: | Evergreen Elementary | | |
|-----------------------------|--------------------------|--|------------------------|
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| Received By (Print): Taw | nie Munoz | Received by (Signature): | Date: 11/09/2023 |
| REHS (Print): Chalyn I | Dewey | REHS (Signature): | Phone: 530-841-2112 |

| Facility Name: | Evergreen Elementary | |
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| Received By (Print): | Received by (Signature): | Date: |
| | vnie Munoz | 11/09/2023 Phone: |
| REHS (Print): Chalyn D | REHS (Signature): Dewey | 530-841-2112 |