



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 Name: Jackson Street School	Permit # 000267
Address: 405 Jackson St., Yreka, CA 96097	
Permit Holder: Jackson Street School	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: 530-842-8561	E-mail: rhead@yrekausd.net
Food Safety Certified Employee: Renee Head	Expiration Date: 05/2027

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			
	2	Prep./ Service			
	3	Storage/ Disp.			
	4	Frozen Food			
	5	Pure Food			
	6	Reused Food			
	7	Transportation			
Food Storage	8	Storage Fac.			
	9	Refrig. Units			
	10	Thermometer			
	11	Hazardous Mat.			
	12	Spoils			
Uten./Equip.	13	Wash/ Sanitize			
	14	Equip. Condition			
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
	20	Food Cert./ Card			
Water	21	Water			
	22	Cross Con.			
Waste	23	Liquid Waste			
	24	Refuse			
Vermin	25	Rodents/ Insects			
	26	Animal/ Fowl			
Facilities	27	Ventilation			
	28	Doors		X	
	29	Floors			
	30	Walls - Ceilings		X	
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

ROUTINE INSPECTION CONDUCTED THIS DATE

28) Observed multiple gaps on the bottom of door large enough for vermin, rodents, or insects to enter. Ensure the door is constructed or equipped to prevent the entrance of vermin, rodents, and insects. Repair within 90 days.

30) Observed numerous holes in the walls throughout the kitchen, walk-in cooler, and dry storage area. Observed paint pilling on the ceiling in the kitchen. Maintain walls and ceilings to be smooth, durable in construction, easily cleanable, and nonabsorbent. Repair within 90 days.

CONTINUE TO WORK TOWARDS COMPLIANCE ON VIOLATIONS FOUND ON LAST INSPECTION ON 10/03/2023

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site
Received By (Print): Amy Chapman Received by (Signature): _____ Date: 11/09/2023
REHS (Print): Chalyn Dewey REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Jackson Street School

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print): Amy Chapman	Received by (Signature):	Date: 11/09/2023
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REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112
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Facility Name: Jackson Street School

The marked items represent Health Code violations and must be corrected as follows:

[Empty area for listing health code violations and correction details]

Received By (Print): Amy Chapman	Received by (Signature):	Date: 11/09/2023
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REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112
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Facility Name: Jackson Street School

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print): Amy Chapman	Received by (Signature): Amy Chapman	Date: 11/09/2023
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REHS (Print): Chalyn Dewey	REHS (Signature): Chalyn Dewey	Phone: 530-841-2112
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