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: Northern United Siskiyou Charter 505											
Address: 505 S Broadway, Yreka, CA 96097											
Permit	Permit Holder: Permit To Operate:										
Phone:	,		nite	J SIS	KIYO	E mails					
	0	30-842-4509				vnastert@nucharters.org					
Food S	afet	ty Certified Employ	ee: N	I/A		Expiration Date:					
			MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:					
Protection Time/ Temp.	1	Food Temp.		X		ROUTINE INSPECTION CONDUCTED THIS DATE					
	2	Prep./ Service				ROOTINE INSPECTION CONDUCTED THIS DATE					
	3	Storage/ Disp.									
	4	Frozen Food									
	5	Pure Food									
ote	6	Reused Food				1) Observed prepackaged broccoli measuring at 48F. Hold cold food at 41F or below.					
P	7	Transportation				Dairy food can be held at 45F or below. Correct immediately.					
a)	8	Storage Fac.									
rage	9	Refrig. Units									
Sto	10	Thermometer									
Food Storage	11	Hazardous Mat.									
ш	12	Spoils									
<u>i</u>	13	Wash/ Sanitize									
Uten./Equip.	14	Equip. Condition									
en./	15	Utensil Condition									
Ť	16	Storage									
a)	17	Handwashing									
эуе	18	Employee Hygiene									
Employee	19	Employee Habits									
Ш	20	Food Cert./ Card									
ter	21	Water									
Water	22	Cross Con.									
ste	23	Liquid Waste									
Waste	24	Refuse									
	25	Rodents/ Insects									
Vermin	26	Animal/ Fowl									
	27	Ventilation									
m	28	Doors									
Facilities	29	Floors									
Faci	30	Walls - Ceilings									
	31	Toilet Fac.									
	32	Janitorial Fac.									
	33	Lighting									
ci		Clothing - Linen									
Misc.	35	Signs									
F		Misc.									
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site											
Received By (Print): Received by (Signature): Date: Tammi Van Housen 11/09/2023											
REHS (Print): REHS (Signature): Phone: 530-841-2112											

Facility Name: Northern Un	ited Siskiyou Charter 505	
The marke	d items represent Health Code violations and must be co	prrected as follows:
Received By (Print):	Received by (Signature):	Date:
Tammi Van Hou	usen	11/09/2023
REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112

Facility Name:	Northern United Sisk	iyou Charter 505	
	The marked items re	present Health Code violations and must b	e corrected as follows:
Pagainad Du /Drint		Received by (Signature):	Detec
Received By (Print): Tam	mi Van Housen	received by (oldilatine):	Date: 11/09/2023
REHS (Print): Chalyn [Dewey	REHS (Signature):	Phone: 530-841-2112

Facility Name:	Northern United Siski	Northern United Siskiyou Charter 505						
	The marked items rep	present Health Code violations and must	be corrected as follows:					
		· ·						
Received By (Print): Tan	nmi Van Housen	Received by (Signature):	Date: 11/09/2023					
REHS (Print): Chalyn [Dewey	REHS (Signature):	Phone: 530-841-2112					