



Food Program Official Inspection Report
 SISKIYOU COUNTY
 COMMUNITY DEVELOPMENT DEPARTMENT
 Environmental Health Division
 806 S. Main Street
 Yreka, California 96097
 ph: (530) 841-2100, fax: (530) 841-4076

Facility Name: <u>Klamath River Elem School</u>	CMHC# <u>100196</u>
Address: <u>Walker Creek Rd Horse Creek CA.</u>	
Permit Holder: <u>Klamath River Elem.</u>	Permit To Operate: <input type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: _____	E-mail: _____
Food Safety Certified Employee: <u>Robyn Walsh</u>	Expiration Date: <u>9/24</u>

		MAJ	OUT	COS	
The marked items represent Health Code violations and must be corrected as follows:					
Protection Time/ Temp.	1	Food Temp.			Routine inspection conducted this date
	2	Prep./ Service			
	3	Storage/ Disp.			
	4	Frozen Food			
	5	Pure Food			
	6	Reused Food			
	7	Transportation			
Food Storage	8	Storage Fac.			satisfactory at present time
	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			
	29	Floors			
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site

Received By (Print): <u>Robyn Walsh</u>	Received by (Signature): <u>Robyn Walsh</u>	Date: <u>11/29/23</u>
REHS (Print): <u>David Jackson</u>	REHS (Signature): <u>[Signature]</u>	Phone: <u>530-841-2114</u>