



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	Permit #
Address: 427 Alder St	
Permit Holder: Northern United Siskiyou Center	Permit To Operate: <input type="radio"/> Valid <input type="radio"/> Not Valid
Phone: 926-3425	E-mail: kmiller@nucharters.org
Food Safety Certified Employee: NA	Expiration Date: NA

		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 ON THIS DATE Satisfactory at present time.
	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			
	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):	Received by (Signature):	Date:
REHS (Print):	REHS (Signature):	Phone:

Facility Name: Northern United Siskiyou Charter

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

Received By (Print):

Received by (Signature):

Date:

REHS (Print):

REHS (Signature):

Phone:

Facility Name: Northern United Siskiyou Charter

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

Received By (Print):

Received by (Signature):

Date:

REHS (Print):

REHS (Signature):

Phone:

Facility Name: Northern United Siskiyou Charter

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

Received By (Print):

Received by (Signature):

Date:

REHS (Print):

REHS (Signature):

Phone: