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: Tulelake High School Permit # 000469							
Address: 850 Main Street Tulelake CA 96134							
Permit Holder: Permit To Operate:							
Phone	Tulelake H	ign a	SCHOOL	E-mail:	Valid Not Valid		
	550-007-2292			E-mail: rjochim@tbsud.o			
Food S	Safety Certified Employ	^{ree:} F	Rosemar	y Jochim	Expiration Date: 01/2026		
		MAJ	OUT COS	The marked items represent Health Co	de violations and must be corrected as follows:		
Protection Time/ Temp.	1 Food Temp.			ROUTINE INSPEC	TION CONDUCTED ON THIS DATE		
	2 Prep./ Service						
	3 Storage/ Disp.			SATISFACT	ORY AT PRESENT TIME		
	4 Frozen Food						
	5 Pure Food						
	6 Reused Food			-			
<u> </u>	7 Transportation			-			
g	8 Storage Fac.			-			
Food Storage	9 Refrig. Units	ļ					
d St	10 Thermometer						
E D O	11 Hazardous Mat.						
	12 Spoils			4			
din	13 Wash/ Sanitize			-			
Uten./Equip.	14 Equip. Condition			-			
lten	15 Utensil Condition			-			
	16 Storage			-			
e e	17 Handwashing			4			
Employee	18 Employee Hygiene			4			
ШШ	19 Employee Habits			4			
	20 Food Cert./ Card			4			
Water	21 Water 22 Cross Con.			4			
				4			
Waste	23 Liquid Waste 24 Refuse			-			
<				-			
Vermin	25 Rodents/ Insects 26 Animal/ Fowl			-			
>	27 Ventilation			-			
	28 Doors						
ties	29 Floors						
Facilities	30 Walls - Ceilings						
ш	31 Toilet Fac.						
	32 Janitorial Fac.						
	33 Lighting			1			
. ,	34 Clothing - Linen			1			
Misc.	35 Signs			1			
<u> </u>	36 Misc.			1			
MAJ =)UT =	Out of co	npliance COS = Corrected on-site			
Received By (Print): Received by (Signature): Date: 9/29/2023							
REHS (Print): REHS (Signature): Phone: 530-84					Phone: 530-841-2117		

Facility Name:	Tulelake High School			
	The marked items represe	ent Health Code violations and m	nust be corrected as follow	'S:
		<u>к</u>		
		Descionally (Charles)		
Received By (Print):	be salazar	Received by (Signature):		Date: 9/29/2023
REHS (Print):		REHS (Signature):		Phone:
Alexa Ro	che			530-841-2117
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Facility Name:	Tulelake High School		
	The marked items represent He	ealth Code violations and must be corrected as follow	/S:
		х.	
Received By (Print):	Rece	eived by (Signature):	Date:
lupe	salazar		9/29/2023
REHS (Print):	REI	HS (Signature):	Phone:
Álexa R	oche		530-841-2117
Page 3			

Facility Name:	Tulelake High School	
	The marked items represent Health Code violatio	ns and must be corrected as follows:
	·	
	х	
Received By (Print):	Received by (Signature):	Date:
	e salazar	9/29/2023
REHS (Print): Alexa Ro	REHS (Signature): Dche	Phone: 530-841-2117
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