

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 School Permit # 001054				Permit # 001054					
Address: 2411 S. Mount Shasta Blvd., Mount Shasta, CA 96067									
Permit Holder: Permit To Operate					Permit To Operate: Valid Not Valid 				
Phone	Phone: 530-926-3425 E-mail: kmiller@nucharters.org								
Food	Safety Certified Employ	^{/ee:} N/	/^		Expiration Date:				
				The marked items represent Health Code vio	lations and must be corrected as follows:				
ċ	1 Food Temp.	101/10	001 000						
Protection Time/ Temp.	2 Prep./ Service			ROUTINE INSPECTION CONDU	JCTED THIS DATE				
	3 Storage/ Disp.								
Tim	4 Frozen Food								
tion	5 Pure Food								
otec	6 Reused Food								
Ъ	7 Transportation								
Θ	8 Storage Fac.								
orag	9 Refrig. Units			SATISFACTORY AT PRESENT TIME					
Food Storage	10 Thermometer								
00	11 Hazardous Mat.								
	12 Spoils								
ġ	13 Wash/ Sanitize								
Uten./Equip.	14 Equip. Condition								
ten.	15 Utensil Condition								
	16 Storage								
e	17 Handwashing								
Employee	18 Employee Hygiene								
ШШШ	19 Employee Habits								
	20 Food Cert./ Card								
Water	21 Water								
	22 Cross Con.								
Waste	23 Liquid Waste								
د	24 Refuse								
Vermin	25 Rodents/ Insects 26 Animal/ Fowl								
>									
	27 Ventilation28 Doors								
ties	29 Floors								
Facilities	30 Walls - Ceilings								
ш	31 Toilet Fac.								
	32 Janitorial Fac.								
	33 Lighting								
┣──┤	34 Clothing - Linen								
Misc.	35 Signs								
2	36 Misc.								
MAJ =)UT = (Out of con	pliance COS = Corrected on-site					
Received By (Print): Received by (Signature): Date: 11/08/2023				Date: 11/08/2023					
REHS (Print): REHS (Signature): Phone Chalyn Dewey			Phone: 530-841-2112						
L									

Facility Name:	Northern United Siskiyou Charter School
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The marked items represent Health Code violations and must be corrected as follows:

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Received By (Print):	Received by (Signature):	Date: 11/08/2023	
Greta De La Pedra	ja		
REHS (Print):	REHS (Signature):	Phone:	
Chalyn Dewey		530-841-2112	
Page 2			

Facility Name:	Northern	United	Siskiv	/ou	Charter	School
		0111100	0.0,	00	onantor	0011001

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