

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	Na	^{me:} Tulelake H	ligh	Scho	ool		Permit #	000469			
Addres		850 Main Stre				A 96134					
Permit Holder: Tulelake High School Permit To Operate Valid Valid											
Phone		530-667-2292				E-mail: msandoval@tbsud.org					
Food Safety Certified Employee: Expiration Date:											
			MAI	OUT	COS	The marked items represent Health Code violations and mu-	et he corrected	as follows:			
Protection Time/ Temp.	1	Food Temp.	IVIAJ	001	003	ROUTINE INSPECTION CONDUCTED ON					
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED ON	I INIS DATE	<u>.</u>			
		Storage/ Disp.				20) Obtain Food Manager Certification within the next 60 days.					
	_	Frozen Food									
	5	Pure Food									
	6	Reused Food									
	7	Transportation									
Food Storage	8	Storage Fac.									
	9	Refrig. Units									
	10	Thermometer									
	11	Hazardous Mat.									
4	12	Spoils									
.dir	13	Wash/ Sanitize									
Uten./Equip.	14	Equip. Condition									
ten./	15	Utensil Condition									
ın	16	Storage									
ē	17	Handwashing									
Employee	18	Employee Hygiene									
dw:	19	Employee Habits									
	20	Food Cert./ Card		X							
Water		Water									
×	22	Cross Con.									
Waste	_	Liquid Waste									
×	24	Refuse									
Vermin		Rodents/ Insects									
Ve	26	Animal/ Fowl									
		Ventilation									
Se		Doors									
Facilities		Floors	ш								
Fa		Walls - Ceilings									
		Toilet Fac.									
		Janitorial Fac.	ш								
Misc.		Lighting									
		Clothing - Linen									
		Signs	Н	_							
NAA I		Misc.		Out :	of oor	unliance COS - Corrected on site					
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): Received by (Signature): Date:											
Maria Sandoval 11/8/2023											
REHS (Print): REHS (Signature): Phone: Alexa Roche 530-841-2117											

Facility Name:	Tulelake High School	
	The marked items represent Health Code violations and must be corrected as follow	S:
Received By (Print): Ma	Received by (Signature): aria Sandoval	Date: 11/8/2023
REHS (Print): Alexa Ro	REHS (Signature):	Phone: 530-841-2117

Facility Name:	Tulelake High School	
	The marked items represent Health Code violations and must be	e corrected as follows:
Received By (Print):	Received by (Signature): a Sandoval	Date: 11/8/2023
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

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