



### 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: Tulelake High School            | Permit To Operate:<br><input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid |
| Phone: 530-667-2292                            | E-mail: msandovalgarcia@tbusd.org  |
| Food Safety Certified Employee: Maria Sandoval | Expiration Date: 11/2028   |

|                        |    | MAJ               | OUT | COS |  |
|------------------------|----|-------------------|-----|-----|--|
|                        |    |                   |     |     | The marked items represent Health Code violations and must be corrected as follows:  |
| Protection Time/ Temp. | 1  | Food Temp.        |     | X   | <p style="text-align: center; margin-bottom: 10px;">ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>1) Observed eggs, chopped vegetables, shredded cheese, and bacon measuring at 49 F. Hold all cold food at 41 F. Add additional ice packs to ensure food items stay in temperature within safe food handling. Correct immediately.</p> |
|                        | 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.    |     |     |  |
| Uten./Equip.           | 12 | Spoils            |     |     |  |
|                        | 13 | Wash/ Sanitize    |     |     |  |
|                        | 14 | Equip. Condition  |     |     |  |
| Employee               | 15 | Utensil Condition |     |     |  |
|                        | 16 | Storage           |     |     |  |
|                        | 17 | Handwashing       |     |     |  |
| Water                  | 18 | Employee Hygiene  |     |     |  |
|                        | 19 | Employee Habits   |     |     |  |
|                        | 20 | Food Cert./ Card  |     |     |  |
| Waste                  | 21 | Water             |     |     |  |
|                        | 22 | Cross Con.        |     |     |  |
| Vermin                 | 23 | Liquid Waste      |     |     |  |
|                        | 24 | Refuse            |     |     |  |
| Facilities             | 25 | Rodents/ Insects  |     |     |  |
|                        | 26 | Animal/ Fowl      |     |     |  |
|                        | 27 | Ventilation       |     |     |  |
|                        | 28 | Doors             |     |     |  |
|                        | 29 | Floors            |     |     |  |
|                        | 30 | Walls - Ceilings  |     |     |  |
|                        | 31 | Toilet Fac.       |     |     |  |
| Misc.                  | 32 | Janitorial Fac.   |     |     |  |
|                        | 33 | Lighting          |     |     |  |
|                        | 34 | Clothing - Linen  |     |     |  |
|                        | 35 | Signs             |     |     |  |
|                        | 36 | Misc.             |     |     |  |

|  |
|--|
| MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site              |
| Received By (Print): Maria Sandoval    Received by (Signature): _____    Date: 1/30/2024 |
| REHS (Print): Alexa Roche    REHS (Signature): _____    Phone: 530-841-2117              |

**Facility Name:** Tulelake High School

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

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Maria Sandoval

Received by (Signature):

Date:  
1/30/2024

REHS (Print):  
Alexa Roche

REHS (Signature):

Phone:  
530-841-2117

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