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	y Na	^{me:} Grenada I	Elem	enta	ry	Permit # 000248					
Address: 516 Shasta Blvd Grenada CA 96038											
Permit Holder:Permit To Operate:											
-		Grenada E	leme	entar	у	Valid Not Valid					
Phone: 530-436-0365 E-mail: keri.patti@grenada.k12.ca.us											
Food Safety Certified Employee: Keri Patti Expiration Date: 05/2027											
			The marked items represent Health Code violations and must be corrected as follows:								
Protection Time/ Temp.	1	Food Temp.	1	OUT		ROUTINE INSPECTION CONDUCTED ON THIS SITE					
	2	Prep./ Service									
	3	Storage/ Disp.				14) Observed exposed wood on the storage rack holding cooking utensils. Ensure these surfaces					
	4	Frozen Food				to be smooth, durable, non-absorbent, and easily cleanable. Repair or replace within the next 30					
	5	Pure Food				days.					
	6	Reused Food									
	7	Transportation									
Φ	8	Storage Fac.									
orag	9	Refrig. Units									
Food Storage	10	Thermometer									
000	_	Hazardous Mat.									
	12	Spoils									
ġ	13	Wash/ Sanitize									
Uten./Equip.	14	Equip. Condition		\times							
ten.	-	Utensil Condition									
	16	Storage									
e	-	Handwashing									
Employee	18	Employee Hygiene									
d L L		Employee Habits									
		Food Cert./ Card	-								
Water		Water									
	-	Cross Con.									
Waste	-	Liquid Waste	-								
Ň		Refuse	-								
Vermin V		Rodents/ Insects	-								
>	-	Animal/ Fowl		-							
	27	Ventilation		-							
ies		Doors		-							
Facilities	-	Floors		<u> </u>							
ш	-	Walls - Ceilings		-							
	31 32										
		Janitorial Fac.	-	<u> </u>							
<u> </u>		Lighting Clothing - Linen		<u> </u>							
Misc.		Signs		<u> </u>							
Σ		Signs Misc.									
MAJ =)UT =	= Out	of com	apliance COS = Corrected on-site					
		y (Print): Keri Pa				Received by (Signature): Date: 2/6/2024					
REHS (Print): REHS (Signature): Alexa Roche					REHS (Signature): Phone: 530-841-2117						
L											

Facility Name:	Grenada Elementary	
	The marked items represent Health Code violations and	must be corrected as follows:
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	κ.	
Received By (Print):	Received by (Signature):	Date:
Ke	eri Patti	2/6/2024
REHS (Print):		Phone:
Alexa Ro	REHS (Signature): oche	530-841-2117
Page 2		
1 490 2		

Facility Name:	Grenada Elementary	
	Orenada Elementary	
	The marked items represent Health Code violations and must be con	rrected as follows:
	·	
Received By (Print): Keri	Received by (Signature): i Patti	Date: 2/6/2024
REHS (Print):	REHS (Signature):	Phone:
Alexa R	Roche	530-841-2117
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Facility Name:	Grenada Elementary		
	The marked items represent Health Code v	iolations and must be corrected as follow	s:
	•		
Received By (Print):	Received by (Sign	ature):	Date:
	Patti		2/6/2024
REHS (Print): Alexa Ro	REHS (Signature):	Phone:
			530-841-2117