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: Hornbrook Elementary Permit # 000262							ermit # 000262
Address: 15305 Oregon Street Hornbrook, CA 96044							
Permit	Hol	der:	Clar	2001	0 m /		ermit To Operate:
Phone		Hornbrook	LIEI	пеп	ary	E mail:	Valid Not Valid
	J	30-475-3598				srobinson@nornbrookschool.org	
Food S	afet	y Certified Employ	ee: S	Steph	nanie	Robinson	o3/2028
			MAJ	OUT	cos	The marked items represent Health Code violations and must be co	orrected as follows:
Protection Time/ Temp.	1	Food Temp.					
	2	Prep./ Service					
	3	Storage/ Disp.					
n Tii		Frozen Food					
ctiol	5	Pure Food					
rote	6	Reused Food					
Ā	7	Transportation					
Ф		Storage Fac.					
Food Storage	9	Refrig. Units					
J Ste	10	Thermometer					
-000	11	Hazardous Mat.					
т.	12	Spoils					
ġ.	13	Wash/ Sanitize					
Uten./Equip.	14	Equip. Condition					
ten./	15	Utensil Condition					
Ď	16	Storage					
е	17	Handwashing					
Employee	18	Employee Hygiene					
dm:	19	Employee Habits					
ш	20	Food Cert./ Card					
Water	21	Water					
W	22	Cross Con.					
Waste	23	Liquid Waste					
Wa	24	Refuse					
'ermin		Rodents/ Insects					
Ver	26	Animal/ Fowl					
	27	Ventilation					
SS	28	Doors					
Facilities	29	Floors					
Fас	30	Walls - Ceilings					
	31	Toilet Fac.					
	32	Janitorial Fac.					
	33	Lighting					
Misc.	34	Clothing - Linen					
	35	Signs					
	36	Misc.		X			
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site							
Received By (Print): Received by (Signature): Date: Stephanie Robinson 02/22/2024							
REHS (Print): REHS (Signature): Phone: 5300-841-2112							one: 5300-841-2112

Facility Name: Hornbrook Elementar	у	
The marked items re	present Health Code violations and must be co	prrected as follows:
•		
	·	
Received By (Print):	Received by (Signature):	Date:
Stephanie Robinson	Noverted by (Oignature).	02/22/2024
REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 5300-841-2112

Facility Name:	Hornbrook Elementa	у	
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		D 1 11 (2)	_
	hanie Robinson	Received by (Signature):	Date: 02/22/2024
REHS (Print): Chalyn [Dewey	REHS (Signature):	Phone: 5300-841-2112

Facility Name: Hornbrook Elemen	tary	
The marked items	represent Health Code violations and must be co	prrected as follows:
Received By (Print): Stephanie Robinson	Received by (Signature):	Date: 02/22/2024
REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 5300-841-2112