



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: Willow Creek Elementary	Permit # 000484
Address: 532 York Rd Montague CA	
Permit Holder: Willow Creek Elementary	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: 530-459-3313	E-mail: jzimmerman@sisnet.k12.ca.us
Food Safety Certified Employee: Joshua Zimmerman	Expiration Date: 02/2027

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			<p style="text-align: center; font-weight: bold; font-size: 1.2em;">ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>2) Observed no sneeze guard at the service line. Install sneeze guards at the counter or service line to protect food from contamination. Repair or correct within 90 days.</p>
	2	Prep./ Service		X	
	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): Joshua Zimmerman	Received by (Signature): _____
	Date: 02/23/2024
REHS (Print): Chalyn Dewey	REHS (Signature): _____
	Phone: 530-841-2112

Facility Name: Willow Creek Elementary

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

Received By (Print):
Joshua Zimmerman

Received by (Signature):

Date:
02/23/2024

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
530-841-2112

Facility Name: Willow Creek Elementary

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

Received By (Print):

Joshua Zimmerman

Received by (Signature):

Date:

02/23/2024

REHS (Print):

Chalyn Dewey

REHS (Signature):

Phone:

530-841-2112

Facility Name: Willow Creek Elementary

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

Received By (Print):
Joshua Zimmerman

Received by (Signature):

Date:
02/23/2024

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
530-841-2112