## 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	<sup>me:</sup> Delphic Sc	hool		Permit # 000191						
Addres	SS:	1420 Delphic F	Rd Monta	ague	CA						
Permit	Hol	<sup>der:</sup> Delphic Scl	nool		Permit To Operate:    Valid  Not Valid						
Phone	Phone: 530-842-3653 E-mail: mmasson@delphic.k12.ca.us										
Food Safety Certified Employee: Mireya Masson Expiration Date: 08/2027											
			MAJ OUT		The marked items represent Health Code violations and must be corrected as follows:						
e/ Temp.	1	Food Temp.	IVIAJ OU I	COS	The marked items represent health Code violations and must be corrected as follows.						
	2	Prep./ Service		1	ROUTINE INSPECTION CONDUCTED ON THIS DATE						
	3	Storage/ Disp.		1							
Ĭ	4	Frozen Food		1							
Protection Time/ Temp.	5	Pure Food			25) Observed rodent droppings in hard to reach places in the dry storage area. Clean						
	6	Reused Food			and sanitize this area including shelvings immediately.						
Pro	7	Transportation									
	8	Storage Fac.			30) Observed a hole on the wall above the door entrance without a mesh in the dry storage area. Install at least a 16 mesh per square inch screen. Correct or repair wi						
age.	9	Refrig. Units			90 days.						
Food Storage	10	Thermometer			oo aayo.						
	11	Hazardous Mat.									
щ	12	Spoils			NOTE Facility has also a to see least a that litely a time of a consequent state.						
Uten./Equip.	13	Wash/ Sanitize			NOTE: Facility has plans to modernize the kitchen (ie 6 range, 3-compartment sink, bar/service area etc). If there are structural changes that requires a building permit, then						
	14	Equip. Condition			a plan check with the Health Department will need to be submitted.						
	15	Utensil Condition			τη το το το το του το						
Ď	16	Storage									
Φ	17	Handwashing									
loye	18	Employee Hygiene									
Employee	19	Employee Habits									
ш	20	Food Cert./ Card									
Water	21	Water									
Š	22	Cross Con.									
Waste	23	Liquid Waste									
Š	24	Refuse									
Vermin	_	Rodents/ Insects	×								
\ \		Animal/ Fowl									
	27	Ventilation									
es	28	Doors									
Facilities	29	Floors	Н.,								
Fa		Walls - Ceilings	X								
	31	Toilet Fac.		-							
	32	Janitorial Fac.									
	33	Lighting									
Misc.	34	Clothing - Linen									
	35	Signs									
MAJ =		Misc. or violation C	UT = Out	of con	apliance COS = Corrected on-site						
Received By (Print): Received by (Signature): Date:  Mireya Masson 02/29/2024											
REHS /	Drint				REHS (Signature): Phone:						
REHS (Print): REHS (Signature): Phone: 530-841-											

Facility Name:	Delphic School	
	The marked items represent Health Code violations and must be corrected	as follows:
	•	
Received By (Print):	Received by (Signature):	Date:
	reya Masson	02/29/2024
REHS (Print): Chalyn D	REHS (Signature): Dewey	Phone: 530-841-2112

Facility Name:	Delphic School						
	The marked items represent Health Code violations and must be corrected as follows:						
<u> </u>		Described by (Construct)					
	ya Masson	Received by (Signature):	Date: 02/29/2024				
REHS (Print): Chalyn I	Dewey	REHS (Signature):	Phone: 530-841-2112				

Facility Name:	Delphic School							
	The marked items represent Health Code violations and must be corrected as follows:							
	Received by (Signa eya Masson		Date: 02/29/2024					
REHS (Print): Chalyn [	REHS (Signature):		Phone: 530-841-2112					