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	me: Evergreen	Ele	men	tary	Permit # 000229					
Addres	ss:	416 Evergreer	n Ln	Yrek	a C	A 96097					
Permit Holder: Evergreen School Permit To Operate: • Valid • Not Val											
Phone: 530-842-4912 E-mail: tmunoz@yrekausd.net											
Food Safety Certified Employee: Expiration Date:											
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:											
Protection Time/ Temp.	1	Food Temp.	IVIAU	001	000	The market items represent fleatin code violations and must be corrected as follows.					
		Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE					
		Storage/ Disp.									
		Frozen Food									
	5	Pure Food				14) Observed a bare wood platform below a shelf. Ensure the finishes to all surfaces in					
otec	6	Reused Food				food prep areas to be non-porous, smooth, durable, and easily cleanable. Repair or					
P	7	Transportation				correct within 90 days.					
Ø)	8	Storage Fac.				30) Observed holes and paint chipping on the walls at the following location in the					
rage	9	Refrig. Units				facility: behind handwashing station, below service counter, and dry storage. Patch the					
Food Storage	10	Thermometer				holes and ensure the finishes to be smooth, durable, nonabsorbent, and cleanable.					
000-	11	Hazardous Mat.				Repair or correct within 90 days.					
Ь	12	Spoils				20) Facility does not have a valid food safety manager. A food safety manager cannot be					
ip.	13	Wash/ Sanitize				listed as a food safety manager at another facility. Obtain a food manager certification					
Uten./Equip.	14	Equip. Condition		X		within 60 days.					
ten./	15	Utensil Condition				·					
ın	16	Storage									
ē	17	Handwashing									
Employee	18	Employee Hygiene									
dw:	19	Employee Habits									
	20	Food Cert./ Card		X							
Water	_	Water									
	22	Cross Con.									
Waste	23	Liquid Waste									
	24	Refuse									
/ermin	25	Rodents/ Insects									
Vel	26	Animal/ Fowl									
	27	Ventilation									
Se	28	Doors									
Facilities	29	Floors									
Fac	30	Walls - Ceilings		X							
	31	Toilet Fac.									
	32	Janitorial Fac.									
	33	Lighting									
Misc	34	Clothing - Linen									
	35	Signs									
		Misc.									
			UT =	Out	of com	ppliance COS = Corrected on-site					
Receive	Received By (Print): Received by (Signature): Date: Tawnie Munoz 03/08/2024										
REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112											

Facility Name:	Evergreen Elementary	
	The marked items represent Health Code violations and must be corrected as follows:	
Received By (Print):	Received by (Signature): Date	o3/08/2024
REHS (Print):	wnie Munoz REHS (Signature): Phoi	
Chalyn D	Dewey 53	30-841-2112

Facility Name:	Evergreen Elementar	у	
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Received By (Print):		Received by (Signature):	Date:
Taw	nie Munoz		03/08/2024
REHS (Print): Chalyn I	Dewey	REHS (Signature):	Phone: 530-841-2112

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	vnie Munoz	03/08/2024
REHS (Print): Chalyn D	REHS (Signature): Dewey	Phone: 530-841-2112