



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: Northern United Siskiyou Charter 423	Permit # 000680
Address: 423 S Broadway, Yreka, CA 96097	
Permit Holder: Northern United Siskiyou Charter School	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: 530-842-4509	E-mail: vhastert@nuarters.org
Food Safety Certified Employee: Shelley Jespersen	Expiration Date: 10/2026

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			
	2	Prep./ Service			
	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.		X	
	12	Spoils			
Uten./Equip.	13	Wash/ Sanitize		X	
	14	Equip. Condition			
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
	20	Food Cert./ Card			
Water	21	Water			
	22	Cross Con.			
Waste	23	Liquid Waste			
	24	Refuse			
Vermin	25	Rodents/ Insects			
	26	Animal/ Fowl			
Facilities	27	Ventilation			
	28	Doors			
	29	Floors			
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

ROUTINE INSPECTION CONDUCTED THIS DATE

13) Observed greater than 200ppm chlorine sanitizer in a working spray bottle labeled "1/100". Ensure chlorine disinfectant concentration is at 100ppm. Utilize or obtain chlorine test strips to test concentration of sanitizer. Correct immediately.

11) Observed a working spray bottle without a label or marked with a name (ex bleach, sanitizer/disinfectant, window cleaner, pine sol). Label all working spray bottle to avoid mishandling of chemicals. Correct immediately.

MAJ = Major violation	OUT = Out of compliance	COS = Corrected on-site
Received By (Print): Samantha Hazlewood	Received by (Signature):	Date: 03/14/2024
REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112

Facility Name: Northern United Siskiyou Charter 423

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

Received By (Print):
Samantha Hazlewood

Received by (Signature):

Date:
03/14/2024

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
530-841-2112

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[Empty area for listing violations and corrections]

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