

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: Gold Stree	et Sc	hool		Permit # 001024					
Addres	ss:	321 N Gold St	Yre	ka, (CA 9	96097					
Permit		der:				Permit To Operate:					
		Gold Stree	t Sch	nool		∑ Valid					
Phone	5	30-841-1002				E-mail: rhead@yrekausd.net					
Food S	Food Safety Certified Employee: Expiration Date:										
MAJ					COS	The marked items represent Health Code violations and must be corrected as follows:					
ō.	1	Food Temp.				DOLITING INCRESTION CONDUCTED THIS DATE					
Protection Time/ Temp.	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE					
	3	Storage/ Disp.				Note: This is a serve only food facility					
	4	Frozen Food									
tion	5	Pure Food									
Protect	6	Reused Food									
	7	Transportation									
-	8	Storage Fac.				20) Facility does not have a Food Safety Manager certificate. Obtain one within 60 days and have a copy of the certificate on site.					
гаде	9	Refrig. Units				and have a copy of the continuate on one.					
Stol	10	Thermometer									
Food Storage	11	Hazardous Mat.									
щ	12	Spoils									
Equip.	13	Wash/ Sanitize									
	14	Equip. Condition									
∍n./E	15	Utensil Condition									
ž	_	Storage									
4)		Handwashing									
уее	18	Employee Hygiene									
mpk	19	Employee Habits									
Ш	20	Food Cert./ Card		X							
ter	21	Water									
Wa	22	Cross Con.									
ste M	23	Liquid Waste									
es Vermin Waste Water Employee Uten./E	24	Refuse									
min	25	Rodents/ Insects									
Ver	26	Animal/ Fowl									
	27	Ventilation									
S	28	Doors									
ilitie	29	Floors									
Fас	30	Walls - Ceilings									
	31	Toilet Fac.									
	32	Janitorial Fac.									
	33	Lighting									
Misc.	34	Clothing - Linen									
	35	Signs									
		Misc.									
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site											
Received By (Print): Received by (Signature): Date: Renee Head 03/15/2024											
REHS (Print): REHS (Signature): Phone: 530-841-2112											

Facility Name:	Gold Street School	
	The marked items represent Health Code violations and must be corrected as follows:	
•		
Pageined By (Brief)	Received by (Signature): Date:	
Received By (Print): Rei		03/15/2024
REHS (Print):	REHS (Signature): Phone	:
Chalyn De	ewey 530	-841-2112

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Chalyn	Dewey	530-841-2112

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