## **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: Forks of Salmon Elementary School Permit # 000237							
Addres	ss:	15616 Salmon	Rive	er Ro	d., F	orks of Salmon, CA	
Permit	Hol	der: Forks of Sa	almo	n Fle	emer	Permit To Operate:  ntary	
Phone		30-462-4762	2111101			E-mail: cathy.leavens@gmail.com	
	Č	ty Certified Employ	.ee. •			Expiration Date:	
. 000 0	Jaio	y Certified Employ				avens 06/2028	
			MAJ	OUT	cos	The marked items represent Health Code violations and must be corrected as follows:	
Protection Time/ Temp.		Food Temp.				Routine Inspection Conducted This Date	
		Prep./ Service					
	_	Storage/ Disp.					
	4	Frozen Food					
		Pure Food				NOTE: Cathy is the new food manager for this facility. This food manager cortification	
		Reused Food				NOTE: Cathy is the new food manager for this facility. This food manager certification is unable to be used in two locations.	
	-	Transportation				is unusioned by used in two locations.	
Food Storage		Storage Fac.					
	9	Refrig. Units					
	10	Thermometer					
00-	11	Hazardous Mat.					
	12	Spoils					
Uten./Equip.	13	Wash/ Sanitize					
	14	Equip. Condition					
en./	15	Utensil Condition					
5	16	Storage					
Φ	17	Handwashing					
Employee	18	Employee Hygiene					
ld	19	Employee Habits					
Ш	20	Food Cert./ Card					
ter	21	Water					
Water	22	Cross Con.					
Waste	23	Liquid Waste					
Wa	24	Refuse					
ermin	25	Rodents/ Insects					
Ver	26	Animal/ Fowl					
	27	Ventilation					
S	28	Doors					
Facilities	29	Floors					
Fac	30	Walls - Ceilings					
	31	Toilet Fac.					
	32	Janitorial Fac.					
	33	Lighting					
ن ن		Clothing - Linen					
Misc.	35	Signs					
		Misc.					
	Мај	or violation C	UT =	Out c	of com	npliance COS = Corrected on-site	
Received By (Print): Received by (Signature): Date:  Cathy Leavens 03/26/24							
REHS (Print): REHS (Signature): Phone: 530-841-2114							

Facility Name:	Forks of Salmon Elem	entary School	
		resent Health Code violations and must be	e corrected as follows:
Received By (Print):		Received by (Signature):	Date:
	hy Leavens		03/26/24
REHS (Print): Rick Flore	ndo	REHS (Signature):	Phone: 530-841-2114

Facility Name: For	ks of Salmon Elementar	/ School		
Т	he marked items represent	Health Code violations and must be	corrected as follows:	
Described Des (Det. 2)	-	agained by (Signature):	D. I.	_
Received By (Print): Cathy Le	avens	eceived by (Signature):	Date: 03/26/24	
REHS (Print): Rick Florend	0	REHS (Signature):	Phone: 530-841-2114	

530-841-2114

Facility Name:	Forks of Salmon Elementary School					
	The marked items represent H	ealth Code violations and must be corrected as fo	llows:			
Received By (Print): Catl	Red ny Leavens	eived by (Signature):	Date: 03/26/24			
REHS (Print): Rick Flor	RE endo	HS (Signature):	Phone: 530-841-2114			

530-841-2114