



**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: <b>Yreka High School Cafeteria</b>	Permit # <b>000493</b>
Address: <b>400 Preece Way, Yreka, CA 96097</b>	
Permit Holder: <b>Yreka High School</b>	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: <b>530-842-6151</b>	E-mail: <b>yhscafe@yuhsd.net</b>
Food Safety Certified Employee: <b>Hannah Maugh</b>	Expiration Date: <b>08/2025</b>

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			<p style="text-align: center; font-weight: bold;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>17) Observed no hot water in the employee's restroom because the hot water pressure line shut off. All handwashing station, including toilet facility, must have hot running water, pump soap, and single-use paper towel at all times. Corrected during inspection.</p>
	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.			
	12	Spoils			
Uten./Equip.	13	Wash/ Sanitize			
	14	Equip. Condition			
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing	X	X	
	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.			

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site
Received By (Print): <b>Hannah Maugh</b> Received by (Signature): _____      Date: <b>03/27/2024</b>
REHS (Print): <b>Chalyn Dewey</b> REHS (Signature): _____      Phone: <b>530-841-2112</b>

**Facility Name:** Yreka High School Cafeteria

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

Received By (Print): Hannah Maugh      Received by (Signature):      Date: 03/27/2024

REHS (Print): Chalyn Dewey      REHS (Signature):      Phone: 530-841-2112

**Facility Name:** Yreka High School Cafeteria

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

Empty space for listing health code violations and correction details.

Received By (Print): Hannah Maugh	Received by (Signature):	Date: 03/27/2024
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REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112
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Hannah Maugh

Received by (Signature):

Date:  
03/27/2024

REHS (Print):  
Chalyn Dewey

REHS (Signature):

Phone:  
530-841-2112