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: Evergreen Elementary Permit # 000229											
Address: 416 Evergreen Ln, Yreka CA 96097											
Permit Holder: Permit To Operate:											
Evergreen School											
Phone: 530-842-4912 E-mail: tmunoz@yrekausd.net											
Food Safety Certified Employee: Tawnie Munoz Expiration Date: 04/2029											
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follow											
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED THIS DATE					
	2	Prep./ Service				ROUTINE INCITED TO CONDUCTED THIS DATE					
	3	Storage/ Disp.									
	4	Frozen Food				28) Observed the back door opened during food service. Door is to remain closed at all					
ctio	5	Pure Food				times to prevent unwanted entrances of insects or other sources of contamination.					
rote	6	Reused Food				Corrected during inspection.					
ď	7	Transportation									
e	8	Storage Fac.				30, 32) Observed additional holes and paint peeling throughout the kitchen and janitorial					
orag	9	Refrig. Units				area. Patch the holes and ensure finishes are to be smooth, durable, nonabsorbent, and					
Food Storage	10	Thermometer				cleanable. Repair or correct within 90 days.					
F00	-	Hazardous Mat.									
Total I	12	Spoils			0						
. <u>e</u>	13	Wash/ Sanitize				NOTE: continue to work on compliance on violations noted on 3/8/2024 inspection report					
Uten./Equip.	14	Equip. Condition									
ten.	_	Utensil Condition									
ם	16	Storage									
œ œ		Handwashing									
loye		Employee Hygiene									
Employee	-	Employee Habits									
	7	Food Cert./ Card									
Water		Water									
	_	Cross Con.									
Waste		Liquid Waste									
	_	Refuse									
ermin'		Rodents/ Insects									
Ne Ne	26	Animal/ Fowl			5						
	27	Ventilation	Ш								
Se	28	Doors		×	0						
Facilities	29	Floors	Ш								
Fa	30	Walls - Ceilings		X							
	31	Toilet Fac.									
	32	Janitorial Fac.		X							
	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: Tawnie Munoz 05/31/2024											
REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112											

Facility Name: E	vergreen Elementary	
	The marked items represent Health Code violations and must be corrected as follows	:
Received By (Print):		Date:
	nie Munoz	05/31/2024
REHS (Print): Chalyn Dev	REHS (Signature): Ney	Phone: 530-841-2112
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Received By (Print): Taw	nie Munoz	Received by (Signature):	Date: 05/31/2024
REHS (Print): Chalyn I	 Dewey	REHS (Signature):	Phone: 530-841-2112

Facility Name:	Evergreen Elementa	ary	
	The marked items re	epresent Health Code violations and must be co	rrected as follows:
		v.	
Received By (Print): Tav	vnie Munoz	Received by (Signature):	Date: 05/31/2024
REHS (Print): Chalyn [Dewey	REHS (Signature):	Phone: 530-841-2112