

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: Tulelake Elementary 000468							Permit # 000468			
Addre	SS:	461 2nd Street	t Tule	elake	CA					
Permit Holder: Tulelake Elementary							Permit To Operate:			
Phone):	530-667-2294				E-mail: rjochin	n@tbjusd.com			
Food	Safe	ty Certified Employ	/ee: F	Rosen	nary Joo		Expiration Date: 01/2026			
Food Safety Certified Employee: Rosemary Joc MAJ OUT COS							ent Health Code violations and must be corrected as follows:			
Protection Time/ Temp.	1					ROUTINE INSPECTION CONDUCTED ON THIS DATE				
	2	Prep./ Service				ROUTINE	INSPECTION CONDUCTED ON THIS DATE			
	3	Storage/ Disp.								
	4	Frozen Food								
	5	Pure Food				SATISE				
	6	Reused Food				SATISFACTORY AT PRESENT TIME				
ď	7	Transportation								
	8	Storage Fac.								
rage	9	Refrig. Units	10.00							
Food Storage	10	Thermometer		s 8						
poo	11	Hazardous Mat.								
<u> </u>	12	Spoils		1						
.dir	13	Wash/ Sanitize		2						
Uten./Equip.	14	Equip. Condition								
ten.	15	Utensil Condition								
	16	Storage								
e	_									
Employee		Employee Hygiene			_					
Em		Employee Habits		-						
_	100080	Food Cert./ Card	<u> </u>		_					
Water	21 22				_					
e e					_					
Waste		Liquid Waste Refuse			_					
> 		Rodents/ Insects	-		_					
Vermin	_	Animal/ Fowl			_					
>	27	Ventilation			_					
1993		Doors			_					
Facilities	-	Floors								
acil	-	Walls - Ceilings								
-	31									
	32	Janitorial Fac.								
	33	Lighting								
i	_	Clothing - Linen								
Misc.	35	Signs								
	36	Misc.								
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site										
Received By (Print): Received by (Signature): Date:						Date: 5/9/2024				
REHS (Print): Alexa Roche						REHS (Signature):	Phone: 530-841-2117			

Facility Name:	Tulelake Elementary			
	The marked items re	present Health Code violations and	must be corrected as follows:	
		,		
Received By (Print):		Received by (Signature):	Da	
REHS (Print): Alexa Ro Page 2	osie Jochim oche	REHS (Signature):	Ph	5/9/2024 one: 530-841-2117

Facility Name:	Tulelake Elementary	
	The marked items represent Health Code violations and mus	t be corrected as follows:
	ζ.	
		-
Received By (Print):	Received by (Signature): sie Jochim	Date: 5/9/2024
REHS (Print): Alexa R	REHS (Signature):	Phone: 530-841-2117
Page 3		000 011 2111

Facility Name:	Tulelake Elementary	
	The marked items represent Health Code violations and	I must be corrected as follows:
	ι,	
Received By (Print):	Received by (Signature): sie Jochim	Date: 5/9/2024
REHS (Print): Alexa Ro	REHS (Signature):	Phone: 530-841-2117