

## **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: Headwate	rs O	utdoo	or So	chool	Permit # 000	)254	
Addres	SS:	6615 Shepher	ds W	ay V	Veed	1 CA			
Permit Holder:  Tim Corcoran  Permit To Operate:  Valid Not Valid									
Phone	•	831-818-0480					wos.com		
Food S	afe	ty Certified Employ	/ee:	Julie	Boet	ttler	Expiration Dat	te: 11/2026	
				OUT		202	t Health Code violations and must be corrected as	W 6 9	
Protection Time/ Temp.	1	Food Temp.				ROUTINE	INSPECTION CONDUCTED ON THIS DATI	E	
	2	Prep./ Service							
	3	Storage/ Disp.				12.70			
	4	Frozen Food				SATISFACTORY AT THE PRESENT TIME			
ction	5	Pure Food							
otec	6	Reused Food							
P	7	Transportation							
е	8	Storage Fac.							
Food Storage	9	Refrig. Units							
	10	Thermometer		3					
	11	Hazardous Mat.							
	12	Spoils		3					
dir.	13	Wash/ Sanitize		3					
Uten./Equip.	14	Equip. Condition							
ten.	15	Utensil Condition							
'n	16	Storage							
æ	17	Handwashing							
Employee	18	Employee Hygiene							
dm=	_	Employee Habits							
	20	Food Cert./ Card							
Water		Water							
*	22	Cross Con.							
Waste	23	Liquid Waste							
M	24	Refuse							
Vermin		Rodents/ Insects							
Ve	-	Animal/ Fowl		3					
		Ventilation	Ш						
S	28	Doors	$\Box$		8				
Facilities		Floors	ш						
Fa	30	Walls - Ceilings							
	31	Toilet Fac.							
	32	Janitorial Fac.							
	33	Lighting							
SC.		Clothing - Linen							
		Signs		$\square$					
		Misc.							
			)UT =	Out o	of com	npliance COS = Corrected on-site	Date:		
Received By (Print): Received by (Signature): Date:  Tim Corcoran 6/19/2024									
REHS (Print): REHS (Signature): Phone: 530-841-2117						341-2117			

Facility Name: Headwaters Outdoor School					
The marked	items represent Health Code violations and must be co	rrected as follows:			
Received By (Print):	Received by (Signature):	Date:			
Tim Corcoran		6/19/2024			
REHS (Print):	REHS (Signature):	Phone:			

530-841-2117

Alexa Roche

Facility Name:	Headwaters Outdoor School	
	The marked items represent Health Code violations and must be correct	ted as follows:
Received By (Print): Tim	Received by (Signature): Corcoran	Date: 6/19/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Headwaters Outdoor School	
	The marked items represent Health Code violations and must be corrected as follows:	
Received By (Print): Tim	Received by (Signature): Dan Corcoran	ate: 6/19/2024
REHS (Print): Alexa Ro		none: 530-841-2117