

## **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: Weed High School Permit # 000479							000479		
Addres		909 Hillside Dr	No. of Contract of		and the second	094			
Permit		der:				Permit To	Operate:		
		Weed High	Sch	lool		X Valid	Not Valid		
Phone:		530-938-4774				E-mail: Mhamm@sishusd.net			
Food Safety Certified Employee: Morgan Hamm Expiration Date: 03/2027									
				OUT	_	The marked items represent Health Code violations and must be corrected	2000 30		
Protection Time/ Temp.	1	Food Temp.	10.000						
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED ON THIS	DATE		
	3	Storage/ Disp.					CONTRACTOR OF THE CONTRACTOR O		
	4	Frozen Food							
	5	Pure Food				SATISFACTORY AT PRESENT TIME			
	6	Reused Food							
	7	Transportation							
Food Storage	8	Storage Fac.							
	9	Refrig. Units	ES 337						
	10	Thermometer							
	11	Hazardous Mat.							
	12	Spoils							
<u>d</u>	13	Wash/ Sanitize			7				
Equ	14	Equip. Condition							
Uten./Equip.	15	Utensil Condition							
5	16	Storage							
Φ	17	Handwashing							
Employee	18	Employee Hygiene							
ldu	19	Employee Habits							
	20	Food Cert./ Card							
Water	21	Water							
×	22	Cross Con.							
Waste	23	Liquid Waste							
×	24	Refuse							
/ermin	-	Rodents/ Insects							
Vel	26	Animal/ Fowl							
	27	Ventilation							
Se	28	Doors			0				
Facilities	DOM:	Floors	Ш			NOTE: THE FACILITY NEEDS TO CHANGE TO A DIFFERENT FOOD PERMIT CATEGOR			
Fa	30	Walls - Ceilings		4		TO THE KITCHEN REMODEL EXPANSION			
	31	Toilet Fac.	Ш						
		Janitorial Fac.			-				
sc.		Lighting							
	34	Clothing - Linen							
	35	Signs							
		Misc.			,				
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site  Received By (Print): Received by (Signature): Date:									
Received By (Print): Received by (Signature): Date:  Micah Hankins 9/18/2024									
REHS (	Print	): Alexa Roche	•			REHS (Signature): Phone:	30-841-2117		

Facility Name:	Weed High School	
	The marked items represent Health Code violations an	d must be corrected as follows:
	•	
Received By (Print):	Received by (Signature):	Date:
Mi	cah Hankins	9/18/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

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REHS (Print):	REHS (Signature):	Phone:

530-841-2117

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