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: Hornbrook Elementary 000262 | | | | | | | | | | |
|---|------------------|------------------------------------|-----|----|--------|--|--|--|--|--|
| Address: 15430 Oregon Street Hornbrook, CA 96044 | | | | | | | | | | |
| Permit Holder: Hornbrook Elementary | | | | | | | | | | |
| Phone: 530-475-3598 E-mail: srobinson@hornbrookschool.org | | | | | | | | | | |
| Food Safety Certified Employee: Stephanie Robinson Expiration Date: 03/2028 | | | | | | | | | | |
| | | | | | | The marked items represent Health Code violations and must be corrected as follows: | | | | |
| Protection Time/ Temp. | 1 | Food Temp. | | | | | | | | |
| | 2 | Prep./ Service | | | | ROUTINE INSPECTION CONDUCED THIS DATE | | | | |
| | 3 | Storage/ Disp. | | Х | X | 3) Observed cleaner and disinfectant in spray bottles stored above ready-to-eat foods in | | | | |
| | 4 | Frozen Food | | | | the dry storage area. Store chemicals below food or in designated chemical storage | | | | |
| | 5 | Pure Food | | | | 13) Observed the paper-towel dispenser at handwash station in kitchen not dispense | | | | |
| | 6 | Reused Food | | | | | | | | |
| | 7 | Transportation | | | | paper-towel. Maintain equipment in good repair and fully serviceable at all times. | | | | |
| ge | | Storage Fac. | | | 2 | Corrected onsite. | | | | |
| torai | | Refrig. Units | _ | | | | | | | |
| Food Storage | 3 | Thermometer | 1 | | a | 13) Observed 10ppm chlorine concentration in sani-bucket. Ensure disinfectant has a concentration of 100ppm chlorine or 200ppm QAC. Corrected during inspection. | | | | |
| | | Hazardous Mat. | | | - | concentration of rooppin chlorine of 200ppin QAC. Confected during inspection. | | | | |
| Uten./Equip. | 2 - 23 2 - 23 | 35 | | × | × | 14) Observed Household Use Only equipment stored in the facility. Replace equipment | | | | |
| | | Wash/ Sanitize Equip. Condition | - | Â | ^ | with ANSI/NSF certified equipment or remove within 90 days. Provide manufacture spec | | | | |
| | | Utensil Condition | - E | ^ | | sheets for pre-approval prior to purchase and installation. 2ND NOTICE. | | | | |
| Ute | | Storage | | | | 17) Observed water at 73F at the handwash station in the back staff bathroom. | | | | |
| | | Handwashing | | X | | Handwashing station that does not have a readily adjustable faucet should mainta | | | | |
| Employee | 22.13 | Employee Hygiene | | | | water temperature at least 100F-108F at all times. Discontinue using the back restroom | | | | |
| mplq | 19 | Employee Habits | | | | facility and utilize the staff restroom in the front. Correct immediately. | | | | |
| Ē | 20 | Food Cert./ Card | | | | | | | | |
| Water | 21 | Water | | и. | | | | | | |
| | 22 | Cross Con. | | | | | | | | |
| Waste | _ | Liquid Waste | | | | | | | | |
| | | Refuse | | | | | | | | |
| Vermin | | Rodents/ Insects | _ | | | | | | | |
| Š | | Animal/ Fowl | - | - | a | | | | | |
| | | Ventilation | | _ | | | | | | |
| ties | 28 29 | | _ | | 8 V | NOTE: Issued "Facility Inspection Notice" form. | | | | |
| Facilities | | Floors Walls - Ceilings | - | | | | | | | |
| ш | 31 | Toilet Fac. | - | | | | | | | |
| | 32 | Janitorial Fac. | | | | | | | | |
| | | Lighting | | | | | | | | |
| | 262.62 | Clothing - Linen | | | | | | | | |
| S | - | Signs | | | | | | | | |
| | | Misc. | | | | | | | | |
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site | | | | | | | | | | |
| Received By (Print): Received by (Signature): Date: 10/02/2024 | | | | | | | | | | |
| REHS (Print): REHS (Signature): Phone: 530-841-2112 | | | | | | | | | | |
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| Facility Name: | Hombrook Flomeste | n / | | |
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| | The marked items re | present Health Code violations and | must be corrected as follows: | |
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| Received By (Print): | | Received by (Signature): | C | Date: |
| | ephanie Robinson | | | 10/02/2024 |
| REHS (Print): | | REHS (Signature): | P | hone: |
| Chalyn E | Dewey | | | 530-841-2112 |
| Page 2 | | | | |

| Facility Name: | Hornbrook Elementa | ary | | |
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| | The marked items r | epresent Health Code violations and | d must be corrected as follows | 3: |
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| | hanie Robinson | | | 10/02/2024 |
| REHS (Print): | Daway | REHS (Signature): | | Phone: |
| Chalyn | Dewey | | | 530-841-2112 |
| Page 3 | | | | |

| Facility Name: | Hornbrook Elementary | |
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| | The marked items represent Health Code violations and must be cor | rected as follows: |
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| Received By (Print): | Received by (Signature): | Date: 10/02/2024 |
| | bhanie Robinson | |
| REHS (Print): | REHS (Signature): | Phone: |
| Chalyn E | Dewey | 530-841-2112 |