



## 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: Yreka High School Cafeteria Permit # 000493										
Addres	s:	400 Preece W	ay, \	/reka	a, C	A 96097				
Permit		der:			*		Permit To Operate:			
-		Yreka High	Sch	1001			Valid Not Valid			
Phone	-	30-842-6151				E-mail: yhscafe@yuhsd.net				
Food S	afe	ty Certified Employ	ee: F	lann	ah N	/laugh	Expiration Date: 08/2025			
			MAJ	_	cos	The marked items represent Health Code violate	ions and must be corrected as follows:			
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CON	DUCTED THIS DATE			
	2	Prep./ Service				ROUTINE INSPECTION CON	DOCTED THIS DATE			
	3	Storage/ Disp.								
	4	Frozen Food								
	5	Pure Food								
	6	Reused Food								
	95/10	Transportation								
Food Storage		Storage Fac.				SATISFACTORY AT PRESENT TIME.				
	No.	Refrig. Units								
	10	Thermometer								
		Hazardous Mat.								
605510	9	Spoils								
din.	,500 500	Wash/ Sanitize								
Uten./Equip.		Equip. Condition								
Jten		Utensil Condition								
	100	Storage								
99	17.0	Handwashing								
Employee	Secretary of	Employee Hygiene								
Emp		Employee Habits								
_	7	Food Cert./ Card								
Water	CONTRACT	Water								
<b>S</b>	. 2	Cross Con.								
Waste		Liquid Waste								
	- /:	Refuse								
/ermin		Rodents/ Insects Animal/ Fowl								
>		5			-					
		Ventilation Doors		-						
ties										
Facilities		Floors Walls - Ceilings								
ш				8						
		Toilet Fac.  Janitorial Fac.								
				4						
		Lighting Clothing - Linen								
Misc.	-									
2		Signs	H							
MAJ =		Misc. or violation C	UT =	Out	f con	npliance COS = Corrected on-site				
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site  Received By (Print): Received by (Signature): Date:  Hannah Maugh 10/03/2024										
MILE AND						REHS (Signature):	Phone: 530-841-2112			

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	represent Health Code violations and must be co	rrected as follows:
•		
Received By (Print):	Received by (Signature):	Date:
Hannah Maugh	,, ,	10/03/2024
REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112

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REHS (Print): Chalyn D	ewey	REHS (Signature):	Phone: 530-841-2112

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