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. | | | | 80 M NO | Permit # | | | | |
|------------------------|--|----------------------------|---------|--|--------|--|-------------|---------------|--|--|--|
| | | Northern U | Jnite | d Si | skiyo | ou Charter 423 | (| 000680 | | | |
| Addres | SS: | 423 S Broadwa | ay, \ | /rek | a, CA | A 96097 | | | | | |
| Permit | Hol | der: | nita | 4 C: | leive | Charter Cabaal | Permit To | | | | |
| Phone | | | nite | u Sis | KIYO | E mail: | ● Valid | O Not Valid | | | |
| | - | 30-842-4509 | | | | vnastert@nucharters.org | | | | | |
| Food S | Safe | ty Certified Employ | ee: S | Shell | ey Je | espersen | Expiration | Date: 10/2026 | | | |
| | | | MAJ | _ | cos | The marked items represent Health Code violations and must be | e corrected | as follows: | | | |
| ď. | The same | Food Temp. | | | | ROUTINE INSPECTION CONDUCTED THIS I | DATE | | | | |
| Protection Time/ Temp. | 3000 | Prep./ Service | | | | | | | | | |
| | | Storage/ Disp. | | | | | | | | | |
| | 200 | Frozen Food | | | | | | | | | |
| | CONTRACT. | Pure Food | | | | SATISFACTORY AT PRESENT TIME. | | | | | |
| | | Reused Food | | | | | | | | | |
| | 23/12 | Transportation | | | | | | | | | |
| Food Storage | | Storage Fac. Refrig. Units | EA - 35 | | | | | | | | |
| | Name of Street | Thermometer | | | | | | | | | |
| | 3 3 | Hazardous Mat. | | | 0 | | | | | | |
| | Calle | Spoils | | | | | | | | | |
| | | Wash/ Sanitize | | 1 2 2 3 3 4 5 7 | 0 | | | | | | |
| Uten./Equip. | | Equip. Condition | | | , | | | | | | |
| n./E | | Utensil Condition | | | | | | | | | |
| Ute | | Storage | | | | | | | | | |
| d) | | Handwashing | | | | NOTE: | | | | | |
| Employee | - | Employee Hygiene | | | | Pure Hard Surface cleaner is not an approved disinfectan surfaces. Chlorine and quaternary ammonium chloride are a | | | | | |
| mpk | 19 | Employee Habits | | | | 2) Diffense and Green Works spray bottles did not measure any approved disinfed concentration. Discontinue using these chemicals to sanitize surfaces. Continue to | | | | | |
| ш | 20 | Food Cert./ Card | | | | | | | | | |
| Water | 21 | Water | | | | utilize the Clorox wipes to sanitize surfaces. | | | | | |
| | 22 | Cross Con. | | | | | | | | | |
| Waste | Contract of | Liquid Waste | | | | | | | | | |
| | | Refuse | | | | | | | | | |
| Vermin | Control of the last of the las | Rodents/ Insects | | | | | | | | | |
| N N | | Animal/ Fowl | | | 0 | - - - - | | | | | |
| | PACE. | Ventilation | | _ | | | | | | | |
| ies | - | Doors | | | 0 | | | | | | |
| -acilities | Acres 1 | Floors Walls - Ceilings | , | | | | | | | | |
| ш | - | Toilet Fac. | Н | 9 | | | | | | | |
| | 32 | Janitorial Fac. | | | | | | | | | |
| | | Lighting | | | | | | | | | |
| Misc. | | Clothing - Linen | | | | 1 | | | | | |
| | 1000 | Signs | | | | | | | | | |
| | | Misc. | | | | 1 | | | | | |
| | Maj | or violation C | UT = | Out | of con | npliance COS = Corrected on-site | | | | | |
| Receive | ed By | (Print): Colleen | Alla | n | | Received by (Signature): | Date: 10/ | 16/2024 | | | |
| REHS (| Print |): Chalvn Dewe | ev | | | REHS (Signature): | Phone: | 0-841-2112 | | | |

| Facility Name: | Northern United Siskiyou Charter 423 | |
|---------------------------|---|-----------------------|
| | The marked items represent Health Code violations and must be corrected as follows: | |
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| Received By (Print): | | ate: |
| | olleen Allan | 10/16/2024 |
| REHS (Print): Chalyn D | REHS (Signature): P | hone: 530-841-2112 |
| Chalyn D | ocwcy | JJU-041-2112 |

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| | een Allan | Received by (Signature): | Date: 10/16/2024 |
| REHS (Print): Chalyn I | Dewey | REHS (Signature): | Phone: 530-841-2112 |

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