## 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: Northern United Siskiyou Charter 505										
Address: 505 S Broadway, Yreka, CA 96097										
Permit Holder: Permit To Operate:										
Northern United Siskiyou Charter School										
Phone: 530-842-4509 E-mail: vhastert@nucharters.org										
Food Safety Certified Employee: N/A Expiration Date:										
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:										
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED THIS DATE				
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE				
	3	Storage/ Disp.								
	4	Frozen Food				NOTE: This is a serve only facility. Facility obtains food, prepackaged by Fire Monkey				
ctio	5	Pure Food				Catering Service.				
Protec	6	Reused Food								
	7	Transportation								
Food Storage	-	Storage Fac.	ES 37			14) Observed raw wood on the wall behind the handwashing station at the food prepared				
		Refrig. Units				area. Ensure wood is finished as to be nonabosorbent, smooth, easily cleanable, at				
		Thermometer			0	durable. Repair or correct within 30 days.				
Foc	_	Hazardous Mat.								
77.55		Spoils			0					
Uten./Equip.	, 500 to 20	Wash/ Sanitize		~	_					
.Æ		Equip. Condition		×						
Uter		Utensil Condition								
	CTV/	Storage								
/ee	-	Handwashing Employee Hygiene			-					
Employee		Employee Habits								
Ē		Food Cert./ Card			2					
ē	21									
Water		Cross Con.								
ste	23	Liquid Waste			5					
Waste	Co. Co.	Refuse								
Vermin	25	Rodents/ Insects								
Ver	26	Animal/ Fowl								
	27	Ventilation								
S	28	Doors								
Facilities	29	Floors			÷					
Fac	30	Walls - Ceilings								
	31	Toilet Fac.								
	32	Janitorial Fac.								
	33	Lighting								
Misc.	34	Clothing - Linen	Ш							
		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:  Eric Clause 10/16/2024										
REHS (Print): REHS (Signature): Phone:  Challyn Dewey 530-841-2112										

Facility Name:	Northern United Siski	you Charter 505	
	The marked items re	present Health Code violations and must be co	rrected as follows:
Received By (Print):		Received by (Signature):	Date:
Er	ic Clause	, , , ,	10/16/2024
REHS (Print): Chalyn D	ewey	REHS (Signature):	Phone: 530-841-2112

Facility Name:	Northern United Siskiyou Char	er 505	
	The marked items represent He	alth Code violations and must be corrected as follow	ws:
	Rece Clause	ived by (Signature):	Date: 10/16/2024
REHS (Print): Chalyn I	REH Dewey	S (Signature):	Phone: 530-841-2112

Facility Name:	Northern United Siskiyo	ou Charter 505	
	The marked items repre	esent Health Code violations and must be cor	rrected as follows:
	Clause	Received by (Signature):	Date: 10/16/2024
REHS (Print): Chalyn [	Dewey	REHS (Signature):	Phone: 530-841-2112