



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: McCloud Elementary School	Permit # 000313
Address: 322 Hamilton Way, McCloud, CA, 96057	
Permit Holder: McCloud Elementary School	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: 530-964-2133	E-mail: nmay@sisnet.ssku.k12.ca.us
Food Safety Certified Employee: Norman May	Expiration Date: 12/2026

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1		X	X	<p style="text-align: center; margin: 0;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>1) Observed cut broccoli served at 54 degrees F. Hold all cold foods at 41 degrees F or colder. Hold all hot foods at 135 degrees F or hotter. Corrected during inspection.</p> <p>13) Observed dishwasher dispensing 0 ppm Chlorine sanitizer. This machine is required to dispense a minimum of 50 ppm Chlorine for proper mechanical sanitization. Manually sanitize wares utilizing the 3 compartment sink until dishwasher is repaired. Utilize test strips to measure Chlorine concentration to ensure that it is dispensing properly, daily.</p> <p>36) Observed school staff members entering the kitchen to pick up food that was prepared and prepackaged in "to-go" containers. All unnecessary personnel (especially those not designated as kitchen staff) are permitted to be in the kitchen during operating hours. Corrected during inspection.</p>
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	7				
Food Storage	8				
	9				
	10				
	11				
Uten./Equip.	12				
	13		X		
	14				
Employee	15				
	16				
	17				
	18				
Water	19				
	20				
Waste	21				
	22				
Vermin	23				
	24				
Facilities	25				
	26				
	27				
	28				
	29				
	30				
	31				
Misc.	32				
	33				
	34				
	35				
	36		X	X	

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Norman May	Received by (Signature): _____ Date: 10/24/2024
REHS (Print): Rick Florendo	REHS (Signature): _____ Phone: 530-841-2114

Facility Name: McCloud Elementary School

The marked items represent Health Code violations and must be corrected as follows:

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