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: Evergreen Elementary 000229										
Address: 416 Evergreen Ln, Yreka CA 96097										
Permi	Permit Holder: Permit To Operate:									
Dhana	Evergreen School Valid Not Valid									
	Phone: 530-842-4912 E-mail: tmunoz@yrekausd.net									
Food	Food Safety Certified Employee: Tawnie Munoz Expiration Date: 04/2029					Expiration Date: 04/2029				
			MAJ	OUT C		rked items represen	t Health Code violations and must b	be corrected as follows:		
Protection Time/ Temp.	1	Food Temp.					PECTION CONDUCTED T			
	2	Prep./ Service				NOOTINE INC		TIS DATE		
	3	Storage/ Disp.								
Ĩ	4	Frozen Food								
ction	5	Pure Food								
rote	6	Reused Food								
۵.	7	Transportation								
e	8	Storage Fac.								
orag	9	Refrig. Units								
Food Storage	10	Thermometer		3						
00	_	Hazardous Mat.				SATISEA	CTORY AT PRESENT TIM	IE		
	12	Spoils		3		SATIST A		L		
Uten./Equip.	13	Wash/ Sanitize								
	14	Equip. Condition		-						
Iten.	-	Utensil Condition								
	-	Storage								
90	_	Handwashing		3	_					
Employee	10.001	Employee Hygiene			_					
Ē	-	Employee Habits		3	_					
	1000	Food Cert./ Card			_					
Water	21	Water Cross Con.	-		_					
e 6			-	3	_					
Waste	1000	Liquid Waste Refuse			_					
	-	Refuse Rodents/ Insects	-	3	_					
Vermin		Animal/ Fowl	-		-					
>	27			3 0 9	-					
		Ventilation Doors		-	-					
ties	-	Floors		2 0 2 0	_					
Facilities	30				-					
LL.	31	Toilet Fac.	-	2	_					
	32	Janitorial Fac.			-					
	-	Lighting		2	-					
	_	Clothing - Linen			-					
Misc.	1000	Signs			-					
	-				-					
36 Misc. Major violation OUT = Out of compliance COS = Corrected on-site										
Receiv	ed B	y (Print): Amy Ch	apm	an	Received	by (Signature):		Date: 10/24/2024		
DEUR	(Drin	00	apin		DELLO VOI	apatura):				
REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112					530-841-2112					

Facility Name:	Evergreen Elementary			
	The marked items represe	nt Health Code violations and m	ust be corrected as follow	S:
		с.		
		Description (Classical)		. .
Received By (Print):	ny Chapman	Received by (Signature):		Date: 10/24/2024
REHS (Print): Chalyn D	ewev	REHS (Signature):		Phone: 530-841-2112
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		ι.		
Received By (Print):		Received by (Signature):		Date:
	Chapman			10/24/2024
REHS (Print):		REHS (Signature):		Phone:
Chalyn D	ewey			530-841-2112
Page 3				

1				
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	-			
Received By (Print):		Received by (Signature):		Date:
Δm	y Chapman			10/24/2024
	y Unapinan			
REHS (Print):		REHS (Signature):	l	Phone:
Chalyn [Dewey			530-841-2112
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