

## **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: Sisson Sc	ool			Permit # 000431				
Addres	٥.	601 E Alma St	20,000	ınt S	hast	a				
Permit	Hol	der: MSUSD				Permit To Operate:				
Phone:		530-926-3846				E-mail:				
Food S	afe	ty Certified Employ	ee:	Rvar	Pac	dilla Expiration Date: 10/2028				
Ryan Padilla    MAJ   OUT   COS   The marked items represent Health Code violations and must be corrected as follows:										
-	1	Food Temp.		001	-					
emp	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE				
e/ T	3	Storage/ Disp.								
Tim	4	Frozen Food								
Protection Time/ Temp.	5	Pure Food				Satisfactory at present time.				
otec	6	Reused Food								
Pro	7	Transportation								
a)	8	Storage Fac.				Note: Facility is proposing to move all shelf stable foods to an alternate storage room located outside of the kitchen area, but still inside the cafeteria. The refrigeration units				
rage	9	Refrig. Units	- 23 - 23 - 23 - 23 - 23 - 23 - 23 - 23			used to store cold foods that are located in the cafeteria will be relocated to inside the				
Food Storage	10	Thermometer				kitchen.				
poo	11	Hazardous Mat.			9					
Ĕ	12	Spoils				This move is acceptable once the chemicals stored in the proposed alternate storage				
ip.	13	Wash/ Sanitize		3		area are moved to a separate location.				
Uten./Equip.	14	Equip. Condition								
en./	15	Utensil Condition								
รั	16	Storage								
Ф	17	Handwashing								
Employee	18	Employee Hygiene								
ldu	19	Employee Habits								
	20	Food Cert./ Card								
Water	21	Water								
	22	Cross Con.								
Waste	23	Liquid Waste								
4000	24	Refuse								
Vermin		Rodents/ Insects								
Ve	26	Animal/ Fowl		3	0					
	27	Ventilation	Ш							
Se		Doors								
Facilities		Floors								
Fa	30	Walls - Ceilings		4						
	31	Toilet Fac.	ш							
	32	Janitorial Fac.			2					
		Lighting								
Misc.	-	Clothing - Linen								
Ž		Signs	Н							
MA I -		Misc. or violation C	NIT -	Out	of cor	apliance COS = Corrected on-site				
			- 10/	Out	n COII	pliance COS = Corrected on-site  Received by (Signature): Date:				
Received By (Print):  Holly Castaneda  Received by (Signature):  Date:  11/04/2024										
REHS (Print): REHS (Signature): Phone: 530-841-2114										

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Facility Name:	Sisson Scool	
	The marked items represent Health Code violations and mu	ust be corrected as follows:
•		
	,	
Received By (Print):	Received by (Signature):	Date:
Ho	lly Castaneda	11/04/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name:	Sisson Scool	
	The marked items represent Health Code violations and must be corrected as follows:	
•		
Received By (Print):	Received by (Signature):	ate:
Holly	Castaneda	11/04/2024
RFHS (Print)		none:

530-841-2114

Rick Florendo

Facility Name:	Sisson Scool			
	The marked items r	represent Health Code violations and m	ust be corrected as follows:	
Received By (Print):		Received by (Signature):	Date:	
Holl	y Castaneda		11/04/2024	
REHS (Print): Rick Flor		REHS (Signature):	Phone: 530-841-211	4

530-841-2114