

## **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: Dunsmuir Community Center Building Permit # 000206								000206				
Addres	S:	(C) = 3 1 1 2 1 2 2 2 2 2 3 3 3 2 3 4 3 4 3 4 3 4 3 4 3		AND BEING	-							
Permit	Address. 4835 Dunsmuir Ave, Dunsmuir, CA 96025  Permit Holder: Permit To Operate:											
Dhara	Dunsmuir Rec and Parks District											
Phone	ļ	530-235-4740				E-mail: dunsmuirparks@gmail.com						
Food S	Food Safety Certified Employee: NA Expiration Date:											
			MAJ	OUT	cos	The marked items represent Health Code violations and	present Health Code violations and must be corrected as follows:					
Protection Time/ Temp.	1	Food Temp.				DOLITING INCORPOTION CONDUCTED T	INCREATION CONDUCTED THIS DATE					
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED T	HIS DATE					
	3	Storage/ Disp.										
	4	Frozen Food				Satisfactory at present time.						
ction	5	Pure Food				50 Calif.						
rote	6	Reused Food										
Р	7	Transportation										
Food Storage	8	Storage Fac.	L .									
	9	Refrig. Units										
	10	Thermometer										
		Hazardous Mat.										
Seed	12	Spoils										
dir.	13	Wash/ Sanitize										
Uten./Equip.	14	Equip. Condition										
ten.		Utensil Condition										
ח	16	Storage										
Ф	17	Handwashing										
loye	18	Employee Hygiene										
Employee	-	Employee Habits										
	20	Food Cert./ Card										
Water		Water										
8		Cross Con.										
Waste	_	Liquid Waste										
×		Refuse										
Vermin	100000	Rodents/ Insects										
Ve	2 2	Animal/ Fowl	_									
	-	Ventilation	ш									
es	1	Doors										
Facilities		Floors										
Fa	-	Walls - Ceilings										
		Toilet Fac.	Ш									
		Janitorial Fac.										
	_	Lighting										
Misc	_	Clothing - Linen	Ш									
		Signs										
		Misc.		لـــا								
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site												
Received By (Print): Received by (Signature): Date:  Mike Rodriguez 11/12/2024												
REHS (Print): REHS (Signature): Phone:  Rick Florendo 530-841-2114												

Facility Name:	Dunsmuir Communi	ty Center Building	
	The marked items re	epresent Health Code violations and must be	corrected as follows:
Received By (Print):		Received by (Signature):	Date:
Mil	ke Rodriguez		11/12/2024
REHS (Print): Rick Flor	endo	REHS (Signature):	Phone: 530-841-2114

Facility Name:	Dunsmuir Community	Center Building	
	The marked items rep	present Health Code violations and must be	corrected as follows:
Received By (Print): Mike	Rodriguez	Received by (Signature):	Date: 11/12/2024
REHS (Print): Rick Flo	rendo	REHS (Signature):	Phone: 530-841-2114

Facility Name:			
	The marked items represent h	Health Code violations and must be corrected as	follows:
Received By (Print):	Ra	ceived by (Signature):	Date:
	e Rodriguez		11/12/2024
REHS (Print): Rick Flor	RI	EHS (Signature):	Phone: 530-841-2114