

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 | Facility Name: Weed High School Permit # 000479 | | | | | | | | |
|--|---|----------------------------------|-------------|----------|---|---|-----------------------|--|--|
| Addres | | 909 Hillside Di | | | | | | | |
| Permit Holder: Weed High School | | | | | | Permit T Valid | o Operate: Not Valid | | |
| Phone | Č | 530-938-4774 | | | | E-mail: Mhamm@sishusd.net | | | |
| Food S | Safet | ty Certified Employ | yee: Mo | rgan F | | Expiration | n Date: 03/2027 | | |
| | | | MAJ OL | | | The marked items represent Health Code violations and must be corrected | | | |
| Protection Time/ Temp. | 1 | Food Temp. | | | | · | | | |
| | 2 | Prep./ Service | | | | ROUTINE INSPECTION CONDUCTED ON THI | S DATE | | |
| | 3 | Storage/ Disp. | \coprod | | | SATISFACTORY AT PRESENT TIME | | | |
| | \vdash | Frozen Food | igspace | | | | | | |
| | | Pure Food | $\bot \bot$ | ! | | SATISTACTOR AT TRECENT TIME | | | |
| | 6 | Reused Food | ++ | | | | | | |
| | - | Transportation | ++ | | | | | | |
| Food Storage | | Storage Fac. | ++ | | | | | | |
| | - | Refrig. Units | ++ | _ | | | | | |
| | - | Thermometer | ++ | | | | | | |
| | _ | Hazardous Mat. | ++ | | | | | | |
| | | Spoils | ++ | _ | | | | | |
| dink | - | Wash/ Sanitize Equip. Condition | ++ | _ | | | | | |
| Uten./Equip. | | | + | + | | | | | |
| Uter | _ | Utensil Condition Storage | ++ | + | | | | | |
| | - | | + | + | | | | | |
| уее | - | Handwashing Employee Hygiene | ++ | | | | | | |
| Employee | | Employee Habits | ++ | | | | | | |
| En | | Food Cert./ Card | ++ | \dashv | | | | | |
| ie | - | Water | + + | | | | | | |
| Water | 22 | Cross Con. | \dagger | | | | | | |
| | 23 | Liquid Waste | \dagger | | | | | | |
| Vermin Waste | 24 | Refuse | | | | | | | |
| min | 25 | Rodents/ Insects | | | | | | | |
| Ver | 26 | Animal/ Fowl | | | | | | | |
| | 27 | Ventilation | | | | | | | |
| Sé | 28 | Doors | | | | | | | |
| Facilities | 29 | Floors | | | | | | | |
| Fac | 30 | Walls - Ceilings | | | | | | | |
| | | Toilet Fac. | Щ | | | | | | |
| | \vdash | Janitorial Fac. | | ! | | | | | |
| | | Lighting | igapha | | | | | | |
| SC. | - | Clothing - Linen | Н | | | | | | |
| Misc. | | Signs | Н | | | | | | |
| - 4 ^ 1 | | Misc. | | 11122 | 9 | 200 0 4414449 | | | |
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): Received by (Signature): Date: | | | | | | | | | |
| | | Micah H | Hankins | ; | | 2/ | 29/2024 | | |
| REHS (Print): Alexa Roche | | | | | | REHS (Signature): Phone: | 30-841-2117 | | |

| Facility Name: | Veed High School | | | | | |
|---------------------------|------------------------|---|------------------------|--|--|--|
| | The marked items repre | sent Health Code violations and must be | corrected as follows: | | | |
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| | cah Hankins | Received by (Signature): | Date: 2/29/2024 | | | |
| REHS (Print): Alexa Ro | che | REHS (Signature): | Phone: 530-841-2117 | | | |

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| REHS (Print): | REHS (Signature): | Phone: |

530-841-2117

Alexa Roche

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