## **Food Program Official Inspection Report**



29 Floors 30 Walls - Ceilings 31 Toilet Fac. Janitorial Fac.

33 Lighting 34 Clothing - Linen

35 Signs 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: Siskiyou (	Comr	muni	ty Fo	pod Bank Permit # 000489					
Addres	SS:										
Permit Holder: Permit To Operate:  Laura Leach Valid Not Valid											
Phone	Phone: 530-309-1861 E-mail: laura.s.leach@gmail.com										
Food Safety Certified Employee: Laura Leach Expiration Date:											
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:											
Protection Time/ Temp.	1	Food Temp.									
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE					
	3	Storage/ Disp.		X		3) Observed frozen meats stored next to or above ready-to-eat foods (ice cream,					
Tin	4	Frozen Food				mozzarella sticks). Store ready-to-eat foods above raw meats. Correct immediately.					
tion	5	Pure Food				,					
otec	6	Reused Food				14) Observed cardboard boxes used as a liner in the walk-in freezer. Remove cardboard					
Pr	7	Transportation				slats as these are not a cleanable or nonabsorbent surface. Correct immediately.					
Food Storage	8	Storage Fac.				29) Observed food debris in hard-to-reach places in the dry storage area. Maintain					
	9	Refrig. Units				facility in a clean manner to prevent harborage of insects or vermins. Correct					
Sto	10	Thermometer				immediately.					
poo	11	Hazardous Mat.									
IL.	12	Spoils									
ġ	13	Wash/ Sanitize									
Uten./Equip.	14	Equip. Condition									
l/:ue	15	Utensil Condition									
ž	16	Storage									
(I)	17	Handwashing									
oye	18	Employee Hygiene									
Employee	19	Employee Habits									
3	20	Food Cert./ Card									
Water	21	Water									
	22	Cross Con.									
Waste	23	Liquid Waste									
eM	24	Refuse									
mim	25	Rodents/ Insects									
Vermin	26	Animal/ Fowl									
S	27	Ventilation									
	28	Doors									
Facilities	29	Floors		X							
Fac	30	Walls - Ceilings									

36 Misc. MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): Date: Received by (Signature): Laura Leach 04/05/2024 REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112

Facility Name:	Siskiyou Community Food Bank	
	The marked items represent Health Code violations and must be corrected as follows:	
Received By (Print):		ate:
La	ura Leach	04/05/2024
REHS (Print):	REHS (Signature):	none:
Chalyn D	vewey	530-841-2112

Facility Name:	Siskiyou Community F	Food Bank	
	The marked items rep	present Health Code violations and must be co	orrected as follows:
Received By (Print):		Received by (Signature):	Date:
Laur	a Leach		04/05/2024
REHS (Print): Chalyn I	Dewey	REHS (Signature):	Phone: 530-841-2112

Facility Name:	Siskiyou Community Food Bank	
	The marked items represent Health Code violations and must be corrected as follows:	DWS:
	A.	
Received By (Print):		Date:
	ura Leach	04/05/2024
REHS (Print): Chalyn [	REHS (Signature): Dewey	Phone: 530-841-2112