



### 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: <b>Gold Street School</b>	Permit # <b>001024</b>
Address: <b>321 N Gold St, Yreka, CA 96097</b>	
Permit Holder: <b>Gold Street School</b>	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: <b>530-841-1002</b>	E-mail: <b>rhead@yrekausd.net</b>
Food Safety Certified Employee: <b>Amy Chapman</b>	Expiration Date: <b>05/2029</b>

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/Temp.	1	Food Temp.			<p style="text-align: center; font-weight: bold; margin-bottom: 10px;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>17) Observed water measuring at 63F at the staff and unisex toilet facilities. Ensure handwashing facilities are constantly supplied with warm water (at least 100F without mixing valves), pump soap, and paper-towel in the dispenser at all times. Repair or correct within 90 days.</p>
	2	Prep./ Service			
	3	Storage/ Disp.			
	4	Frozen Food			
	5	Pure Food			
	6	Reused Food			
	7	Transportation			
Food Storage	8	Storage Fac.			
	9	Refrig. Units			
	10	Thermometer			
	11	Hazardous Mat.			
	12	Spoils			
Uten./Equip.	13	Wash/ Sanitize			
	14	Equip. Condition			
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing	X		
	18	Employee Hygiene			
	19	Employee Habits			
	20	Food Cert./ Card			
Water	21	Water			
	22	Cross Con.			
Waste	23	Liquid Waste			
	24	Refuse			
Vermin	25	Rodents/ Insects			
	26	Animal/ Fowl			
Facilities	27	Ventilation			
	28	Doors			
	29	Floors			
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site	
Received By (Print): <b>Renee Head</b>	Received by (Signature): _____ Date: <b>10/22/2024</b>
REHS (Print): <b>Chalyn Dewey</b>	REHS (Signature): _____ Phone: <b>530-841-2112</b>

**Facility Name:** Gold Street School

The marked items represent Health Code violations and must be corrected as follows:

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Renee Head

Received by (Signature):

Date:  
10/22/2024

REHS (Print):  
Chalyn Dewey

REHS (Signature):

Phone:  
530-841-2112

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The marked items represent Health Code violations and must be corrected as follows:

[Empty area for listing health code violations and correction details]

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REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112
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