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: Siskiyou Community Food Bank Permit # 000489										
Addres	SS:	1601 S Orego		a transfer of		SACOMO AREA SINACO				
Permit		der:			Permit To					
Dhana		Laura Lead	ch		∑ Valid	Not Valid				
Phone	-	30-309-1861			E-mail: laura.s.leach@gmail.com					
Food S	Safe	ty Certified Employ	^{'ee:} La	ura L	each Expiration	Date:				
			7 51	OUT CO	The marked items represent Health Code violations and must be corrected as follows:					
rotection Time/ T	1	Food Temp.			DOLUTING INSPECTION CONDUCTED THIS DATE	LICTED THIS DATE				
	2	Prep./ Service			ROUTINE INSPECTION CONDUCTED THIS DATE					
	3	Storage/ Disp.		×	3) Observed frozen meats stored next to or above ready-to-eat foods in mu	in multiple reach-in				
	4	Frozen Food			freezers and walk-in freezer. Store ready-to-eat foods above and on separate sh					
	5	Pure Food			from raw meats. Correct within 30 days.					
	6	Reused Food			Observed foods stored on the ground in the walk-in freezer. Store all foods at I off the floor. Correct within 30 days.	all foods at loast 6"				
	7	Transportation				all loous at least o				
Food Storage		Storage Fac.			an are mean contest mann or anyon					
	9	Refrig. Units			25) Observed rodent droppings on the floor in the overstock storage					
	10	Thermometer			facility in a clean manner all times as to protect food from contamination. Clean and					
		Hazardous Mat.			sanitize within 7 days.					
	12	Spoils			33) Observed the walk-in freezer without light. Ensure all locations we	ere food is stored or				
Uten./Equip.	13	Wash/ Sanitize			prepped has light. Repair or correct within 90 days.					
	14	Equip. Condition								
ten.	15	Utensil Condition								
5	16	Storage								
е	17	Handwashing								
Employee	18	Employee Hygiene								
ldw	19	Employee Habits								
ш	20	Food Cert./ Card			7					
ter	21	Water								
Water	22	Cross Con.								
Waste	23	Liquid Waste								
Wa	24	Refuse								
Vermin	25	Rodents/ Insects		×						
Ver	26	Animal/ Fowl								
	27	Ventilation								
S	28	Doors								
Facilities	29	Floors		-						
Fac	30	Walls - Ceilings								
302.5	31	Toilet Fac.								
	32	Janitorial Fac.								
	33	Lighting		×	1					
sc.	34	Clothing - Linen								
	35	Signs			7					
	-	Misc.			7					
MAJ =	Maj	or violation C	UT = C	ot of co	ompliance COS = Corrected on-site					
Receive	ed By	(Print): Laura L	each		Received by (Signature): Date:	15/2024				
REHS (Print	Chalyn Dew	ey		REHS (Signature): Phone: 53	80-841-2112				

Facility Name:	Cializar Caramanita Fand Bard		
	Clorifor Community 1 Cod Barik		
	The marked items represent Health Code	e violations and must be corrected as follows	S:
,			
Received By (Print):	Received by (Si	ignature):	Date:
La	ura Leach		11/15/2024
REHS (Print): Chalyn D	REHS (Signatu	ıre):	Phone: 530-841-2112

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Received By (Print):		Received by (Signature):	Date:
Laur	a Leach		11/15/2024
REHS (Print): Chalyn I	Dewey	REHS (Signature):	Phone: 530-841-2112

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No. 10 /01 /		Descriped by (Circusture)	5.
	ra Leach	Received by (Signature):	Date: 11/15/2024
REHS (Print): Chalyn [Dewey	REHS (Signature):	Phone: 530-841-2112