



Siskiyou County Community Development Department Environmental Health Division 806 S. Main Street Yreka, California 96097 phone: (530) 841-2100. fax: (530) 841-4076

| Facility | Ma | mo: | | | | priorite. (666) 611 2166, taxi. (666) 611 1616 | Permit # | | | |
|---------------------------|-------|---------------------|---------|-------|--------|---|--|--|--|--|
| | | Holy Fami | ly Ca | athol | ic Ch | nurch Commissary | 000259 | | | |
| Addres | SS: | 1051 N Davis | Ave, | Wee | ed C | A 96094 | | | | |
| Permit | Hol | der: Holy Famil | у Са | tholi | c Ch | urch | Permit To Operate: Not Valid Not Valid | | | |
| Phone | | 530-938-4334 | | | | E-mail: holyfamilyweed@gmail.com | | | | |
| Food S | Safe | ty Certified Employ | ee: | | | anacona mananana communia Contra de | Expiration Date: | | | |
| | | | MAJ | OUT | cos | The marked items represent Health Code violations and r | nust be corrected as follows: | | | |
| Protection Time/ Temp. | 1 | Food Temp. | | | | ROUTINE INSPECTION CONDUCTED | | | | |
| | 2 | Prep./ Service | | | | | | | | |
| | 3 | Storage/ Disp. | | 3 | | 14) Observed the dishwasher with no sanitizer dispensing to clean dishes. The facility is instru | | | | |
| | 4 | Frozen Food | | | | to use the 3 -compartment sink to wash and sanitize dishes. I | | | | |
| | 5 | Pure Food | | | | and use the 3 compartment sink to wash and sanitize wares. | Repair of replace infinediately. | | | |
| | 6 | Reused Food | | | | 17) Observed the handwashing sink did not have hot water initially, but after adjusting the kno | | | | |
| | 7 | Transportation | | | | below the sink, hot water became available. Hand washing fac- | cilities shall be equipped to provide | | | |
| m | 8 | Storage Fac. | | | | warm water within 15 seconds and the temperature should rea | | | | |
| Food Storage | 9 | Refrig. Units | E.S 220 | | | have proper hand washing stations to aid in the prevention an Corrected on-site. | spread of bacteria or disease. | | | |
| | 10 | Thermometer | | | | Corrected on-site. | | | | |
| | 11 | Hazardous Mat. | | | | | | | | |
| ш | 12 | Spoils | | | | | | | | |
| Ö. | 13 | Wash/ Sanitize | | | 2 | 7 | | | | |
| Uten./Equip. | 14 | Equip. Condition | | × | | | | | | |
| en./ | 15 | Utensil Condition | | | | 7 | | | | |
| ž | 16 | Storage | | | | 1 | | | | |
| (I) | 17 | Handwashing | | × | × | | | | | |
| Employee | 18 | Employee Hygiene | | | - | | | | | |
| du | 19 | Employee Habits | | | | | | | | |
| ш | 20 | Food Cert./ Card | | | | | | | | |
| Water | 21 | Water | | | | | | | | |
| Wa | 22 | Cross Con. | | | | | | | | |
| Waste | 23 | Liquid Waste | | | | | | | | |
| Wa | 24 | Refuse | | | | | | | | |
| min | 25 | Rodents/ Insects | | | | | | | | |
| Ver | 26 | Animal/ Fowl | | | 0 | | | | | |
| | 27 | Ventilation | | | | | | | | |
| S | 28 | Doors | | | | | | | | |
| -acilities | 29 | Floors | | | | | | | | |
| Fac | 30 | Walls - Ceilings | | | | | | | | |
| | 31 | Toilet Fac. | | | | | | | | |
| | 32 | Janitorial Fac. | | | | 1 | | | | |
| t | 33 | Lighting | | | | | | | | |
| Ö | | Clothing - Linen | | | | | | | | |
| Misc | 35 | Signs | | | | | | | | |
| | 36 | Misc. | | | | | | | | |
| | | | UT = | Out | of con | npliance COS = Corrected on-site | | | | |
| Receive | ed By | (Print): Nora an | nara | l | | Received by (Signature): | Date: 12/10/2024 | | | |
| REHS (Print): Alexa Roche | | | | | | REHS (Signature): | Phone: 530-841-2117 | | | |

| Facility Name: Holy Family Cath | olic Church Commissary | |
|---------------------------------|--|---------------------|
| The marked item | ns represent Health Code violations and must be co | rrected as follows: |
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| Received By (Print): | Received by (Signature): | Date: |
| Nora amaral | | 12/10/2024 |
| REHS (Print): | REHS (Signature): | Phone: |

530-841-2117

Alexa Roche

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|---------------------------|--|----------------------|
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| Received By (Print): Nora | Received by (Signature): a Amaral | Date: 12/10/2024 |
| REHS (Print): | REHS (Signature): | Phone: |

530-841-2117

Alexa Roche

| Facility Name: | Holy Family Catholic | Holy Family Catholic Church Commissary | | | | | |
|-----------------------------|----------------------|---|------------------------|--|--|--|--|
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| Descrived Des /Details | | Received by (Signature): | Data | | | | |
| Received By (Print): Nor | a Amaral | neceived by (Signature). | Date: 12/10/2024 | | | | |
| REHS (Print): Alexa Ro | oche | REHS (Signature): | Phone: 530-841-2117 | | | | |