

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: Golden Eagle Charter School Permit # 000618										
Address: 1515 S. Oregon St. Ste A, Yreka, CA 96097										
Permit Holder: Permit To Operate:										
Golden Eagle Charter School X Valid Not Valid										
	Phone: 530-926-5800 ext 806 E-mail: operations@gecs.org									
Food	Safe	ty Certified Employ	ee: N	I/A		Expiration Date:				
			MAJ	OUT CO	DS The marked items re	present 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.								
	4	Frozen Food								
ction	5	Pure Food								
otec	6	Reused Food								
ā	7	Transportation								
Ð	8	Storage Fac.								
orag	9	Refrig. Units	- 27							
Food Storage	10	Thermometer								
000		Hazardous Mat.			SAT	SATISFACTORY AT PRESENT TIME.				
550	12	Spoils								
ġ.	13	Wash/ Sanitize								
Uten./Equip.	14	Equip. Condition								
ten.	-	Utensil Condition								
	-	Storage								
9		Handwashing								
Employee	20.000	Employee Hygiene			_					
Emp	_	Employee Habits		· ·	_					
		Food Cert./ Card			_					
Water	_	Water			_					
5	22			2 2	_					
Waste	1000	Liquid Waste			_					
		Refuse			_					
Vermin	25	Rodents/ Insects Animal/ Fowl			_					
>			-	2	_					
	27	Ventilation Doors			_					
ties	-			e	_					
Facilities		Floors Walls - Ceilings	_		_					
ш	31	-		· · · ·	-					
	32	Toilet Fac. Janitorial Fac.			-					
	1			2 P	-					
		Lighting Clothing - Linen								
Misc.	1000	-			-					
	100000	Signs Misc.								
MAJ =)UT =	Out of c	ompliance COS = Corrected on-s	ite	_			
		y (Print): Natalia			Received by (Signature)					
REHS (Print): REHS (Signature): Phone:										
Chalyn Dewey 530-841-2112										

Facility Name:	Golden Eagle Charter School
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The marked items represent Health Code violations and must be corrected as follows:

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Received By (Print):	Received by (Signature):	Date:
Natalia Casarez	Received by (Signature).	01/14/2025
REHS (Print):	REHS (Signature):	Phone:
Chalyn Dewey	KENS (Signature).	530-841-2112

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