## **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

						priorie: (666) 611 2166; tax. (666) 611 1616	700 200				
Facility	Nar	ne: Dunsmuir	Elen	nent	ary		Permit # 000207				
Addres	s:	4760 Siskiyou	Ave	. Du	nsm	uir, CA	grounder services de capación dels				
Permit	Holo	<sup>der:</sup> Dunsmuir l	Elem	enta	ary		Permit To Operate:  Valid Not Valid				
Phone	5	30-235-4828				E-mail: dhalley@dunsmuir.k12.ca.us					
Food S	afet	y Certified Employ	/ee: [	anie	elle N	Macchione	Expiration Date: 12/2024				
				OUT	00	The marked items represent Health Code violations and m	ust be corrected as follows:				
p.	1	Food Temp.				ROUTINE INSPECTION CONDUCTS					
Protection Time/ Temp.	2	Prep./ Service		X							
	3	Storage/ Disp.									
	4	Frozen Food				2) Observed assert and a facility from II. ( )					
tion	5	Pure Food				2) Observed sneeze guard missing from the food service line. This sneeze guard wa being replaced on the day that the last inspection was performed. However, it appear that the installation was never finished or it was once again removed. A sneeze guard					
otec	6	Reused Food									
P	7	Transportation				is required to be installed to protect the food from potenti					
a)	8	Storage Fac.				sourcesie., the students who are in line to receive the f					
rage	9	Refrig. Units	100 - 20			immediately.					
Food Storage	10	Thermometer				47\ 0\	The Paris				
poo	11	Hazardous Mat.			9	17) Observed the taking too long to get warm/hot at the had was measured to be in excess of 2 minutes. This hand was measured to be in excess of 2 minutes.					
щ	12	Spoils				have warm water of at least 100 degrees F for hand was					
	13	Wash/ Sanitize				immediately.					
Uten./Equip.	14	Equip. Condition									
en./	15	Utensil Condition				20) Observed the facility's food manager certificate is expired. Obtain a new food manager certificate within 60 days. Food Class Card provided.					
Ť	16	Storage									
a)	17	Handwashing		X		1					
уее	18	Employee Hygiene									
Employee	19	Employee Habits									
ū	20	Food Cert./ Card		X							
ter	21	Water									
Water	22	Cross Con.									
Waste	23	Liquid Waste									
Wa	24	Refuse									
min	25	Rodents/ Insects									
Verr	26	Animal/ Fowl									
	27	Ventilation									
S	28	Doors									
-acilities	29	Floors			÷						
Fac	30	Walls - Ceilings									
38.5	31	Toilet Fac.									
	32	Janitorial Fac.									
	33	Lighting									
Ċ.		Clothing - Linen									
S	35	Signs									
	and a	Misc.									
			UT =	Out	of con	npliance COS = Corrected on-site					
Receive	d By	(Print): Danielle	Ma	cchi	one	Received by (Signature):	Date: 01/23/2025				
REHS (	Print	Rick Florence	lo			REHS (Signature):	Phone: 530-841-2114				

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Facility Name: Dunsmuir Elementary		
The marked items rep	present Health Code violations and must be c	orrected as follows:
•		
Received By (Print):	Received by (Signature):	Date:
Danielle Macchione		01/23/2025
REHS (Print):	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name: Du	ınsmuir Elementary	
Т	The marked items represent Health Code violation	ns and must be corrected as follows:
Received By (Print):	Received by (Signature):	
Received By (Print): Danielle	Received by (Signature):	Date: 01/23/2025

530-841-2114

Facility Name:	Dunsmuir Elementar	у	
	The marked items re	present Health Code violations and must I	be corrected as follows:
Received By (Print):		Received by (Signature):	Date:
Dan	ielle Macchione		01/23/2025
REHS (Print): Rick Flor	endo	REHS (Signature):	Phone: 530-841-2114

530-841-2114