



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: Tulelake High School				Permit # 000469	
Address: 850 Main Street Tulelake CA 96134					
Permit Holder: Tulelake High School				Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid	
Phone: 530-667-2292		E-mail: lreyeschavolla@tbusd.org			
Food Safety Certified Employee:				Expiration Date:	

		MAJ	OUT	COS	
Protection Time/ Temp.	1 Food Temp.				<p style="text-align: center;">ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>20) 2ND NOTICE: Obtain a Food Manager certificate within the next 30 days. All employees obtain a food handler's card within 30 days of hire.</p> <p>16) An Avantco electric flat grill was observed outside the kitchen hood system. 114149.1 (a) mechanical exhaust ventilation equipment shall be provide over all cooking equipment as required to effectively remove odors, smoke, steam, grease, heat, and vapors. Remove or place under the hood.</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		X		
Employee	17 Handwashing				
	18 Employee Hygiene				
	19 Employee Habits				
	20 Food Cert./ Card		X		
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): Leticia Reyes Chavolla	Received by (Signature): _____ Date: 1/15/2025
REHS (Print): Alexa Roche	REHS (Signature): _____ Phone: 530-841-2117

Facility Name: Tulelake High School

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

Received By (Print): Leticia Reyes Chavolla	Received by (Signature):	Date: 1/15/2025
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REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117
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