

## Food Program Official Inspection Report

SISKIYOU COUNTY
COMMUNITY DEVELOPMENT DEPARTMENT
Environmental Health Division

806 S. Main Street Yreka, California 96097

ph: (530) 841-2100, fax: (530) 841-4076

| Facility Name: FTNA (ANLIQUE HICL School CMHC#   |   |                   |               |     |                                       |            |                   |  |
|--|---|-------------------|---------------|-----|---------------------------------------|------------|-------------------|--|
| Address: 400 Howell St.  Permit Holder: ETNA UNION High School  Phone: ETNA UNION High School  Phone: E-mail:              |   |                   |               |     |                                       |            |                   |  |
| Permit Holder: Permit To Operate:  |   |                   |               |     |                                       |            |                   |  |
|  |   | ETNE              | 1 UN          | ION | High School                           | <u>/</u>   | □Valid □Not Valid |  |
| Phone: 530-467-3324 E-mail:  |   |                   |               |     |                                       |            |                   |  |
| Food Safety Certified Employee: MONICA FACEY  Expiration Date 5/26   |   |                   |               |     |                                       |            |                   |  |
| MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:                            |   |                   |               |     |                                       |            |                   |  |
| Protection Time/ Temp.   | 1   | Food Temp.        |               |     | A A A A A A A A A A A A A A A A A A A |            |                   |  |
|  | 2   | Prep./ Service    |               | 1   | Routive<br>Volucted this              | inspection | W                 |  |
|  | 3   | Storage/ Disp.    |               |     |                                       | . 5        |                   |  |
|  | 4   | Frozen Food       |               | CO  | voucted the                           | date       |                   |  |
|  | 5   | Pure Food         |               |     |                                       |            |                   |  |
|  | 6   | Reused Food       |               |     | 160                                   |            | 76.5              |  |
|  | 7   | Transportation    |               |     | 01.51                                 | +          |                   |  |
| Food Storage   | 8   | Storage Fac.      |               |     | S GT N7GCTO                           | ory al     |                   |  |
|  | 9   | Refrig. Units     |               |     | Saturfactor<br>resent F               | -1         |                   |  |
|  | 10  | Thermometer       |               | P   | resent 1                              | me         |                   |  |
|  | 11  | Hazardous Mat.    |               |     |                                       |            |                   |  |
|  | 12  | Spoils            |               |     |                                       |            |                   |  |
| Uten./Equip.   | 13  | Wash/ Sanitize    |               |     |                                       |            |                   |  |
|  | 14  | Equip. Condition  |               |     |                                       |            |                   |  |
|  | 15  | Utensil Condition |               |     |                                       |            |                   |  |
|  | 16  | Storage           |               |     |                                       |            |                   |  |
| Employee   | 17  | Handwashing       |               |     |                                       |            | 11.               |  |
|  | 18  | Employee Hygiene  |               |     |                                       |            |                   |  |
|  | 19  | Employee Habits   | $\perp$       | 1   |                                       |            |                   |  |
|  | 20  | Food Cert./ Card  |               |     |                                       |            |                   |  |
| Waste Water  | 21  | Water             | $\rightarrow$ | 1   |                                       |            |                   |  |
|  | 22  | Cross Con.        | $\rightarrow$ | -   |                                       |            |                   |  |
|  | 23  | Liquid Waste      |               | 1   |                                       |            |                   |  |
|  | 24  |                   |               |     |                                       |            |                   |  |
| Vermir   | 25  | Rodents/ Insects  | -             | 1   |                                       |            |                   |  |
|  | 26  | Animal/ Fowl      |               | -   |                                       |            |                   |  |
| Facilities   | 27  | Ventilation       |               | 1   |                                       |            |                   |  |
|  | 28  | Doors             |               | -   |                                       | 76         |                   |  |
|  | 29  | Floors            | $\perp$       |     |                                       |            |                   |  |
|  | 30  | Walls - Ceilings  |               |     |                                       |            |                   |  |
|  | 31  | Toilet Fac.       | $\perp$       | 1   |                                       |            |                   |  |
|  | 32  | Janitorial Fac.   |               |     |                                       |            |                   |  |
| Misc.  | -   | Lighting          | +             | -   |                                       |            |                   |  |
|  | 34  | Clothing - Linen  | $\perp$       |     |                                       |            |                   |  |
|  | 35  | Signs             |               | 1   |                                       |            |                   |  |
|  | -   | Misc.             | " 0 1         |     | 000 0 4 1                             |            |                   |  |
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site  Received By (Print): Received by (Signature): Date: |   |                   |               |     |                                       |            |                   |  |
| Monica Facen Mania Jaon 2/19/25  |   |                   |               |     |                                       |            |                   |  |
| REHS   | REHS (Print): David Tackson REHS (Signature): Phone: 841-2114 |                   |               |     |                                       |            |                   |  |