Food Program Official Inspection Report



22

26

28 Doors Floors

31

32

33 Lighting

34

35 Signs

Cross Con. Liquid Waste 24 Refuse 25

Rodents/ Insects

X

Animal/ Fowl

Ventilation

30 Walls - Ceilings

Toilet Fac.

Janitorial Fac

Clothing - Linen

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: Permit # Weed High School 000479 Address 909 Hillside Dr Weed CA 96094 Permit To Operate: Permit Holder Weed High School X Valid Not Valid Phone: E-mail: 530-938-4774 Mhamm@sishusd.net Food Safety Certified Employee: Morgan Hamm **Expiration Date:** 03/2027 MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows: Food Temp. ROUTINE INSPECTION CONDUCTED ON THIS DATE Protection Time/ Temp 2 Prep./ Service 3 X Storage/ Disp. 3,9) 2ND NOTICE: Observed leak in the walk-in freezer and cooler causing water to drip Frozen Food onto the food storage racks. Store all food in a manner to protect from potential 5 Pure Food contamination. Move all food from beneath the dripping water to an area where it will be 6 Reused Food protected. Correct immediately. 7 Transportation 8 Storage Fac. Storage Observed a significant accumulation of dust on the overhead ventilation screens 9 Refrig. Units located above the food preparation area. Ensure screens are kept free of buildup to 10 Thermometer Food prevent them from becoming a source of contamination. Clean and sanitize in Hazardous Mat. accordance to manufactuer specifications. 12 Spoils 13 Wash/ Sanitize Uten./Equip 14 Equip. Condition 15 Utensil Condition 16 Storage 17 Handwashing Employee 18 Employee Hygiene **Employee Habits** 20 Food Cert./ Card 21 Water

> NOTE: THE FACILITY NEEDS TO CHANGE TO A DIFFERENT FOOD PERMIT CATEGORY DUE TO THE KITCHEN REMODEL EXPANSION

36 Misc. OUT = Out of compliance MAJ = Major violation COS = Corrected on-site Received By (Print): Received by (Signature): Morgan Hamm 2/26/2025 REHS (Print): REHS (Signature): Phone: Alexa Roche 530-841-2117

Facility Name:	Weed High School		
	The marked items represent Health Code violations and must be corrected as follows:		
Received By (Print):	Received by (Signature): Date:		
Mo		2/26/2025	
REHS (Print):	REHS (Signature): Phone		

530-841-2117

Alexa Roche

Facility Name:	Weed High School		
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18			
	Deceived by (Com-true)		
Received By (Print): More	Received by (Signature): Date: gan Hamm	2/26/2025	
REHS (Print):	REHS (Signature): Phone		

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530-841-2117

Alexa Roche