



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: Siskiyou Community Food Bank				Permit # 000489	
Address: 1601 S Oregon St. Yreka, CA 96097					
Permit Holder: Laura Leach				Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid	
Phone: 530-309-1861		E-mail: laura.s.leach@gmail.com			
Food Safety Certified Employee: N/A				Expiration Date:	

		MAJ	OUT	COS	
Protection Time/ Temp.	1 Food Temp.				<p style="text-align: center;">The marked items represent Health Code violations and must be corrected as follows:</p> <p style="text-align: center; font-weight: bold;">ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>3) Observed frozen meat stored next to and touching ice cream in reach-in freezer. Store food in a manner to prevent cross contamination. Correct immediately.</p> <p>11) Observed 400ppm chlorine sanitizer in spray bottle. Maintain 100ppm chlorine sanitizer. Utilize test strips to measure concentration solution before prolonged storage for use and as needed.</p>
	2 Prep./ Service				
	3 Storage/ Disp.		X		
	4 Frozen Food				
	5 Pure Food				
	6 Reused Food				
	7 Transportation				
Food Storage	8 Storage Fac.				
	9 Refrig. Units				
	10 Thermometer				
	11 Hazardous Mat.		X		
	12 Spoils				
Uten./Equip.	13 Wash/ Sanitize				
	14 Equip. Condition				
	15 Utensil Condition				
	16 Storage				
Employee	17 Handwashing				
	18 Employee Hygiene				
	19 Employee Habits				
	20 Food Cert./ Card				
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): Mary Smith	Received by (Signature): _____ Date: 04/16/2025
REHS (Print): Chalyn Dewey	REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Siskiyou Community Food Bank

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

Received By (Print):
Mary Smith

Received by (Signature):

Date:
04/16/2025

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
530-841-2112

Facility Name: Siskiyou Community Food Bank

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