



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: Yreka High School Cafeteria					Permit # 000493	
Address: 400 Preece Way, Yreka, CA 96097						
Permit Holder: Yreka High School					Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid	
Phone: 530-842-6151			E-mail: yhscafe@yuhdsd.net			
Food Safety Certified Employee: Emily Johnson					Expiration Date: 11/2029	
			MAJ	OUT	COS	<p>The marked items represent Health Code violations and must be corrected as follows:</p> <p style="text-align: center;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>1) Observed numerous individual packaged pancake sausage between 60F-63F in the double-glass doors reach-in refrigerator next to warewashing area. Packages have been stored in refrigerator since morning breakfast. Ensure food is rapidly cooled from 135F to 70F within 2hrs, then to 41F or below within the next 4hrs. Voluntarily discarded.</p>
Protection Time/ Temp.	1	Food Temp.		X		
	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				
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): Emily Johnson					Received by (Signature): _____ Date: 05/22/2025	
REHS (Print): Chalyn Dewey					REHS (Signature): _____ Phone: 530-841-2112	

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