



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: Weed High School | Permit # 000479 |
| Address: 909 Hillside Dr Weed CA 96094 | |
| Permit Holder: Weed High School | Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid |
| Phone: 530-938-4774 | E-mail: 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: |
| Protection Time/ Temp. | 1 | Food Temp. | | | <p style="text-align: center; margin: 0;">ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>7) Observed the facility is providing meals to different school locations but is not checking or documenting food temperatures during transport or tracking when deliveries leave the facility and arrive at each site. A temperature log should be maintained to ensure that the food is received in the proper holding temperatures. Correct immediately.</p> |
| | 2 | Prep./ Service | | | |
| | 3 | Storage/ Disp. | | | |
| | 4 | Frozen Food | | | |
| | 5 | Pure Food | | | |
| | 6 | Reused Food | | | |
| | 7 | Transportation | | X | |
| Food Storage | 8 | Storage Fac. | | | <p>29) Observed buildup of food debris on the floors and hard to reach places behind cooking equipment and prep tables. Maintain facility in clean manner at all times. Clean immediately.</p> |
| | 9 | Refrig. Units | | | |
| | 10 | Thermometer | | | |
| | 11 | Hazardous Mat. | | | |
| | 12 | Spoils | | | |
| Uten./Equip. | 13 | Wash/ Sanitize | | | <p>NOTE: Weed High School recieved a Farm-to-Table grant to provide locally sourced, certified produce from local farmers for meals prepared in the school kitchen.</p> |
| | 14 | Equip. Condition | | | |
| | 15 | Utensil Condition | | | |
| Employee | 16 | Storage | | | <p>NOTE: THE FACILITY NEEDS TO CHANGE TO A DIFFERENT FOOD PERMIT CATEGORY DUE TO THE KITCHEN REMODEL EXPANSION</p> |
| | 17 | Handwashing | | | |
| | 18 | Employee Hygiene | | | |
| | 19 | Employee Habits | | | |
| Water | 20 | Food Cert./ Card | | | <p>NOTE: THE FACILITY NEEDS TO CHANGE TO A DIFFERENT FOOD PERMIT CATEGORY DUE TO THE KITCHEN REMODEL EXPANSION</p> |
| | 21 | Water | | | |
| Waste | 22 | Cross Con. | | | <p>NOTE: THE FACILITY NEEDS TO CHANGE TO A DIFFERENT FOOD PERMIT CATEGORY DUE TO THE KITCHEN REMODEL EXPANSION</p> |
| | 23 | Liquid Waste | | | |
| Vermin | 24 | Refuse | | | <p>NOTE: THE FACILITY NEEDS TO CHANGE TO A DIFFERENT FOOD PERMIT CATEGORY DUE TO THE KITCHEN REMODEL EXPANSION</p> |
| | 25 | Rodents/ Insects | | | |
| Facilities | 26 | Animal/ Fowl | | | <p>NOTE: THE FACILITY NEEDS TO CHANGE TO A DIFFERENT FOOD PERMIT CATEGORY DUE TO THE KITCHEN REMODEL EXPANSION</p> |
| | 27 | Ventilation | | | |
| | 28 | Doors | | | |
| | 29 | Floors | | X | |
| | 30 | Walls - Ceilings | | | |
| | 31 | Toilet Fac. | | | |
| | 32 | Janitorial Fac. | | | |
| Misc. | 33 | Lighting | | | <p>NOTE: THE FACILITY NEEDS TO CHANGE TO A DIFFERENT FOOD PERMIT CATEGORY DUE TO THE KITCHEN REMODEL EXPANSION</p> |
| | 34 | Clothing - Linen | | | |
| | 35 | Signs | | | |
| | 36 | Misc. | | | |

| | |
|---|--|
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site | |
| Received By (Print): Morgan Hamm | Received by (Signature): _____ Date: 10/22/2025 |
| REHS (Print): Alexa Roche | REHS (Signature): _____ Phone: 530-841-2117 |

Facility Name: Weed High School

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

Received By (Print):
Morgan Hamm

Received by (Signature):

Date:
10/22/2025

REHS (Print):
Alexa Roche

REHS (Signature):

Phone:
530-841-2117

Facility Name: Weed High School

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

Received By (Print):
Morgan Hamm

Received by (Signature):

Date:
10/22/2025

REHS (Print):
Alexa Roche

REHS (Signature):

Phone:
530-841-2117

Facility Name: Weed High School

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

Received By (Print):
Morgan Hamm

Received by (Signature):

Date:
10/22/2025

REHS (Print):
Alexa Roche

REHS (Signature):

Phone:
530-841-2117