



### 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: <b>Fraternal Order of Eagles</b>	Permit # <b>000238</b>
Address: <b>5941 Sacramento Ave. Dunsmuir, CA 96025</b>	
Permit Holder: <b>Fraternal Order of Eagles</b>	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: <b>530-235-4313</b>	E-mail:
Food Safety Certified Employee:	Expiration Date:

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			
	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		X	
	14	Equip. Condition		X	
	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.		X	

13) Observed buildup of slime or mold in the ice machine. Dispose all ice and discontinue use of ice machine until unit has been washed, rinsed, and sanitized according to manufacturers instruction. Correct immediately.

14) Observed a new ice machine bins and ice machine installed in the facility that has not been approved. All new or replaced equipment should be ANSI certified or NSF approved. Provide a manufacturers cut sheet to our department for approval or prior to purchase.

36) Observed the 3 compartment sink, ice machine and box draining into a floor sink without a 1" airgap. Ensure these units are plumbed indirectly to a floor sink with a 1" air gap. Correct immediately.

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site
Received By (Print): <b>Matthew McClellan</b> Received by (Signature): _____      Date: <b>12/15/2023</b>
REHS (Print): <b>Chalyn Dewey</b> REHS (Signature): _____      Phone: <b>530-841-2112</b>

**Facility Name:** Fraternal Order of Eagles

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Received by (Signature):

Date:  
12/15/2023

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REHS (Signature):

Phone:  
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