## **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: Mountain Counties Supply CO Yreka Valero Permit # 000339               |   |                         |          |       |        |   |   |  |  |  |  |
|---|---|-------------------------|----------|-------|--------|---|---|--|--|--|--|
| Addres  | SS:   | 1258 S Main S           | St Yre   | ka (  | CA 9   | 96097   |   |  |  |  |  |
| Permit Holder:  Mountain Counties Supply Company  Permit To Operate:  Valid Not Valid |   |                         |          |       |        |   |   |  |  |  |  |
| Phone: 530-842-3069 E-mail: centralyreka@mtcounties.com                               |   |                         |          |       |        |   |   |  |  |  |  |
| Food Safety Certified Employee: Palwinder Randhawa Expiration Date: 03/2025           |   |                         |          |       |        |   |   |  |  |  |  |
|   |   |                         | MAJ      |       | _      | The marked items represent Health Code violations and must be corrected as follows:   |   |  |  |  |  |
| Protection Time/ Temp.  | 1   | Food Temp.              |          | X     | X      | FOLLOW UP INOPERTION CONDUCTED THE DATE   |   |  |  |  |  |
|   | 2   | Prep./ Service          |          |       |        | FOLLOW-UP INSPECTION CONDUCTED THIS DATE  |   |  |  |  |  |
|   | 3   | Storage/ Disp.          |          | X     |        | 1) Observed numerous prepackaged hamburgers and wraps at 50-54F in the bu   | ıllet   |  |  |  |  |
|   | 4   | Frozen Food             |          |       |        | cooler. Observed other numerous cold foods at 43-49F. Hold cold foods at 41F of   |   |  |  |  |  |
|   | 5   | Pure Food               |          | X     |        | Voluntarily discarded.  |   |  |  |  |  |
| otec  | 6   | Reused Food             |          |       |        | 4) Observed summers and the delicery of the second summers of with delicery of the second summers of the second |   |  |  |  |  |
| Pı  | 7   | Transportation          |          |       |        | <ol> <li>Observed numerous packages of string cheese wrapped with deli meat at 54l</li> <li>Fresh Selection display case. Observed other numerous cold foods between 45-</li> </ol>   |   |  |  |  |  |
| (I)   | 8   | Storage Fac.            |          |       |        | Hold cold foods at 41F or below. Voluntarily discarded.   | sid loods between 45-501.   |  |  |  |  |
| orag  | 9   | Refrig. Units           |          | X     |        | The control of the c   |   |  |  |  |  |
| Food Storage  | 10  | Thermometer             |          |       | 0      | 9) Observed the display coolers mentioned above not holding foods to appropria  |   |  |  |  |  |
| 000   | 11  | Hazardous Mat.          |          | X     |        | temperature. Maintain unit in good repair and fully serviceable. Repair or service  | Repair or service   |  |  |  |  |
| ш   | 12  | Spoils                  |          |       | 6      | equipment within 14 days. 2ND NOTICE.   |   |  |  |  |  |
| dir.  |   | Wash/ Sanitize          |          | X     |        | 3) Observed numerous frozen foods stored on the ground in the walk-in freezer.  | Store   |  |  |  |  |
| Equ   | 14  | Equip. Condition        |          | X     |        | foods at least 6" off the floor. Correct ASAP. 2ND NOTICE.  |   |  |  |  |  |
| Uten./Equip.  | 15  | Utensil Condition       |          |       |        |   |   |  |  |  |  |
| n   | 16  | Storage                 |          |       |        | 13) Observed slimy buildup on the liquid collection trays and soda nozzles at bo  |   |  |  |  |  |
| e   |   | Handwashing             |          | X     |        | machines. Maintain equipment in clean manner at all times. Clean and sanitize t nozzles immediately and daily.  | rays and  |  |  |  |  |
| loye  | 18  | Employee Hygiene        |          |       |        | nozzies inimediately and daily.   |   |  |  |  |  |
| Employee  |   | Employee Habits         |          |       |        | 17) Observed a plumbing leak at the handwash station in the kitchen. Ensure wa  | er system. Use a waste bucket to collect inks to wash hands. Basin is to be |  |  |  |  |
|   | Total Control   | Food Cert./ Card        |          | X     |        | water discharges completely into the public sewer system. Use a waste bucket t  |   |  |  |  |  |
| Water   |   | Water                   |          |       |        | waste water or utilize one of the warewashing sinks to wash hands. Basin is to be   |   |  |  |  |  |
| >   |   | Cross Con.              |          |       |        | cleaned and sanitized when switching task. Repair within 14 days. 2ND NOTIC   | in 14 days. 2ND NOTICE  |  |  |  |  |
| Waste   |   | Liquid Waste            |          |       |        | 17, 18) Observed food residue on the handwashing basin in the kitchen. Ensure   | ashing basin in the kitchen. Ensure   |  |  |  |  |
| >   |   | Refuse                  |          |       |        | handwashing stations are strictly used for handwashing purposes only. Utilize w   |   |  |  |  |  |
| Vermin  | To the same   | Rodents/ Insects        | $\sqcup$ |       | ×      | sinks to wash wares. Correct immediately.   |   |  |  |  |  |
| Ve  |   | Animal/ Fowl            |          |       | 8      | 40) 01  |   |  |  |  |  |
|   |   | Ventilation             | Н        |       | ž.     | 18) Observed employees personal food stored on the prep table next to fryer. Of<br>employees eating in food prep area. To prevent cross contamination to the facility   |   |  |  |  |  |
| es  | 5 2   | Doors                   | Н        |       | 0      | ensure employees eats and store food in designated employee areas. Correct A  |   |  |  |  |  |
| Facilities  | No.   | Floors                  |          | X     |        |   | project areas. Somestrier a .   |  |  |  |  |
| Fa  |   | Walls - Ceilings        |          | X     |        | 17) Observed paper-towel missing in the dispensers at the handwash in the kitch   |   |  |  |  |  |
|   |   | Toilet Fac.             | Н        |       |        | restroom. Ensure handwash stations are constantly supplied with warm water, s   |   |  |  |  |  |
|   |   | Janitorial Fac.         | Н        |       |        | use paper towels in dispenser and pump soap. Corrected during inspection.   |   |  |  |  |  |
|   |   | Lighting                |          |       |        | PAGE 1 OF 2   |   |  |  |  |  |
| Misc.   |   | Clothing - Linen        |          |       |        |   |   |  |  |  |  |
|   | _   | Signs                   |          |       | $\Box$ |   |   |  |  |  |  |
| ΜΔΙ-  |   | Misc.<br>or violation ( | TIT -    | X     | of com | npliance COS = Corrected on-site  |   |  |  |  |  |
|   |   | (Print):                | - 100    | Out ( | n con  | Received by (Signature): Date:  |   |  |  |  |  |
|   |   | Kandi E                 | Brooke   | е     |        | 11/05/2024  |   |  |  |  |  |
| REHS (  | REHS (Print): REHS (Signature): Phone:  Chalyn Dewey 530-841-2112 |                         |          |       |        |   |   |  |  |  |  |

Page 1 Last modified 4/12/2023

Facility Name: Mountain Counties Supply CO Yreka Valero

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

- 14) Observed an ice scoop stored on the ground in front of the ice machine Store ice scoop in a container that is cleaned and sanitized daily. Discontinue use of scoop until it has been cleaned and sanitized. 2ND NOTICE.
- 14) Observed hot held foods stored in a Uniworld hot food warmer with cracked glass windows in front and back, from one end to the other end. Ensure food is stored in a manner to be protected from contamination. This unit is no longer serviceable. Discontinue use and remove immediately. Food voluntarily discarded. 2ND NOTICE.
- 14) Observed the Uniworld hot holder to be a non-ANSI certified equipment. Ensure all equipment used in facility is ANSI certified and commercial. Remove and replace equipment immediately. Provide manufacturer spec sheet for pre-approval to the department prior to purchase and installation. 2ND NOTICE.
- 14,36) Observed an unapproved Vevor soft serve ice cream machine. Equipment is not ANSI certified or commercial. Ensure all equipment is ANSI certified and commercial. Facility is not permitted to manufacture dairy without a state dairy permit. Remove equipment immediately. 2ND NOTICE.
- 20) Observed current listed food safety manager is also listed as a certified food safety personnel at other locations. A certified food safety person can only be listed as food safety manager at one location, not multiple locations. Obtain new food safety manager within 60 days. Provided Tamy Howerton business card to enroll in in-person food safety class. Next course in 11/12/2024.
- 29) Observed grease buildup on the floor and hard-to-reach places (below equipment) at the fryer station. Maintain facility in a clean manner at all times. Clean and sanitize immediately. 3RD NOTICE. REINSPECTION FEE ASSESSED FOR NON-COMPLIANCE.

## NOTE:

- 1) A REINSPECTION FEE WILL BE ASSESSED ON FUTURE REPEATED NON-COMPLIANCE.
- 2) Continue to work on violations with a time-frame dated on 10/21/2024 inspection report.
- 3) Contact State Dairy personnel to obtain dairy permit. Mary Holbert- mary.holbert@cdfa.ca.gov

PAGE 2 OF 2

Received By (Print):

Kandi Brooke

REHS (Print):

Chalyn Dewey

Received by (Signature):

REHS (Signature):

Phone:

530-841-2112

| Facility Name:          | Mountain Counties Supp  |   |                        |
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|                         | The marked items repres | sent Health Code violations and must be cor | rected as follows:     |
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| Received By (Print):    | " D                     | Received by (Signature):                    | Date:                  |
|                         | di Brooke               | 7707  | 11/05/2024             |
| REHS (Print):<br>Chalyn | Dewey                   | REHS (Signature):                           | Phone:<br>530-841-2112 |

| Facility Name:              |                       |  |                        |
|-----------------------------|-----------------------|--|------------------------|
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| Received By (Print):<br>Kar | di Brooke             | Received by (Signature):                   | Date:<br>11/05/2024    |
| REHS (Print):<br>Chalyn [   | Dewey                 | REHS (Signature):                          | Phone:<br>530-841-2112 |