



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: | | Miner's Inn - Best Western | | Permit # | | 000330 | | | | |
| Address: | | 122 E Miner Street, Yreka, CA 96097 | | | | | | | | |
| Permit Holder: | | Kirty Patel DBA Miners Inn LLC | | | | Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid | | | | |
| Phone: | | 530-842-4355 | | E-mail: | | bwminersinnoffice2@gmail.com | | | | |
| Food Safety Certified Employee: | | Breanna K. Evans | | | | Expiration Date: | | 09/2029 | | |
| | | MAJ | | OUT | | COS | | The marked items represent Health Code violations and must be corrected as follows: | | |
| Protection Time/ Temp. | 1 | Food Temp. | | X | | <p>ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>1) Observed Jimmy Dean breakfast sandwiches at 49F stored in the customer self-service cooler. Hold all cold foods at 41F or below. Correct ASAP.</p> <p>1, 3) Observed covered sausages and potato wedges at 122F stored in the reach-in refrigerator in the kitchen. Rapidly cool foods from 135F to 70F within first 2 hours, and to 41F within the next 4 hours. Utilized one of the following methods to rapidly cool foods: placed in a shallow pan, separating food into smaller/thinner portion, rapid cooling equipment, containers that facilitate heat transfer, ice paddles, ice as an ingredient, inserting containers in an ice bath and stirring frequently. Corrected onsite.</p> <p>11) Observed an Ortho Home Defense Insect Killer stored next-to reach-in freezer. Utilize specifically approved insecticides for use in food facility or seek professional pest control services. Discontinue use and remove immediately.</p> <p>14) Observed mold growth inside the front cover of the juice machine. Observed syrup or powder buildup in all juice and mocha machine nozzles. Maintain equipment in clean manner and all parts (removable or clean-in place) are clean and sanitize daily.</p> <p>14) 4TH NOTICE - Observed damaged door gaskets to both reach-in freezer and refrigerator in the kitchen. Maintain equipment in good repair. Repair within 30 days.</p> <p>20) Observed missing food handler cards not on-site to be viewed during inspection. Ensure a copy of all food handler cards are made available upon request.</p> <p>30) Observed dust build-up on the ceiling around the vents in the kitchen. Ensure facility and food is protected from overhead contaminants and dust. Wash and clean ASAP.</p> <p>* A REINSPECTION FEE HAS BEEN ASSESSED FOR NON-COMPLIANCE.</p> <p>*** A REINSPECTION FEE WILL BE ASSESSED ON FUTURE NON-COMPLIANCE.</p> | | | | |
| | 2 | Prep./ Service | | | | | | | | |
| | 3 | Storage/ Disp. | | X | X | | | | | |
| | Food Storage | 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 | | | | | | |
| Uten./Equip. | 12 | Spoils | | | | | | | | |
| | 13 | Wash/ Sanitize | | | | | | | | |
| | 14 | Equip. Condition | | X | | | | | | |
| | 15 | Utensil Condition | | | | | | | | |
| Employee | 16 | Storage | | | | | | | | |
| | 17 | Handwashing | | | | | | | | |
| | 18 | Employee Hygiene | | | | | | | | |
| | 19 | Employee Habits | | | | | | | | |
| Water | 20 | Food Cert./ Card | | X | | | | | | |
| | 21 | Water | | | | | | | | |
| Waste | 22 | Cross Con. | | | | | | | | |
| | 23 | Liquid Waste | | | | | | | | |
| Verm. | 24 | Refuse | | | | | | | | |
| | 25 | Rodents/ Insects | | | | | | | | |
| Facilities | 26 | Animal/ Fowl | | | | | | | | |
| | 27 | Ventilation | | | | | | | | |
| | 28 | Doors | | | | | | | | |
| | 29 | Floors | | | | | | | | |
| | 30 | Walls - Ceilings | | X | | | | | | |
| | 31 | Toilet Fac. | | | | | | | | |
| | 32 | Janitorial Fac. | | | | | | | | |
| Misc. | 33 | Lighting | | | | | | | | |
| | 34 | Clothing - Linen | | | | | | | | |
| | 35 | Signs | | | | | | | | |
| | 36 | Misc. | | | | | | | | |

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site

| | | | | | |
|----------------------|--|--------------------------|--|--------------|--|
| Received By (Print): | | Received by (Signature): | | Date: | |
| Sarah Gleason | | | | 11/18/2024 | |
| REHS (Print): | | REHS (Signature): | | Phone: | |
| Chalyn Dewey | | | | 530-841-2112 | |

Facility Name: Miner's Inn - Best Western

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

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| Received By (Print): Sarah Gleason | Received by (Signature): | Date: 11/18/2024 |
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