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 | Na | me: Miner's In | n Cor | ventio | n Center Permit # 000331 | | |
|---|--|-----------------------------|----------|---------------|---|--|--|
| Addres | SS: | 122 E Miner S | St, Yre | ka, C | . 96097 | | |
| Permit | Hol | ^{der:} Miner's Inr | LLC | | Permit To Operate: Valid Not Valid | | |
| Phone | . 5 | 30-842-4355 | | | E-mail: bwminersinnoffice2@gmail.com | | |
| Food Safety Certified Employee: Expiration Date: | | | | | | | |
| | | 83 650 W | MAJ | оит со | The marked items represent Health Code violations and must be corrected as follows: | | |
| Protection Time/ Temp. | 1 | Food Temp. | IVIAG | 001 00 | The marked terms represent reduct odde violations and mast be corrected as follows. | | |
| | 2 | Prep./ Service | | | ROUTINE INSPECTION CONDUCTED THIS DATE | | |
| | 3 | Storage/ Disp. | | | 11) Observed numerous spray bottles hanging on shelves in warewashing area not | | |
| | 4 | Frozen Food | | | labeled. Ensure all spray bottles are marked with a common name. Correct ASAP. | | |
| | 5 | Pure Food | | | | | |
| | 6 | Reused Food | | | 13) 3RD NOTICE- Observed the dishwasher dispensing 0ppm chlorine. Ensure | | |
| | 7 | Transportation | | | dishwasher dispenses 50ppm chlorine. Utilize test strips to measure sanitizer's | | |
| | 8 | Storage Fac. | | | concentration. Discontinue use until corrected and utilize the 2-compartment sinks to wash, rinse, and sanitize wares. Place a "Out of Service" tag on equipment. | | |
| rage | 9 | Refrig. Units | 186 - 20 | | wash, fillse, and samuze wares. Flace a Out of Service tag on equipment. | | |
| Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp. | 10 | Thermometer | | | 14) 3RD NOTICE - Observed raw wood shelves in the kitchen. Ensure raw/bare wood is | | |
| | 11 | Hazardous Mat. | | × | finished as to be nonabsorbent, easily cleanable, durable, and smooth. Repair within 7 | | |
| | 12 | Spoils | | | days. | | |
| o. | 13 | Wash/ Sanitize | | X | 14) Observed the door gasket to reach-in refrigerator in kitchen damaged. Maintain | | |
| an./Equi | 14 | Equip. Condition | | × | equipment in good repair and fully operable. Repair within 90 days. | | |
| | 15 | Utensil Condition | | | oquipmont in good ropaii and rany operable. Repair within oo days. | | |
| ž | 16 | Storage | | | 14) Observed grease or food build-up inside and on door of microwave in the kitchen. | | |
| a) | 17 | Handwashing | | | Maintain equipment in clean manner at all times. Clean and sanitize immediately. | | |
| oye | 18 | Employee Hygiene | | in the second | 20) 2DD NOTICE Equility does not have a valid food safety contificate. Obtain and | | |
| mple | 19 | Employee Habits | | | 20) 3RD NOTICE - Facility does not have a valid food safety certificate. Obtain one within 30 days and maintain copy of certificate onsite. | | |
| Ш | 20 | Food Cert./ Card | | X | William of days and manitam copy of contineate choice. | | |
| | 21 | Water | | | 14, 29) Observed water pooling on the floor around the ice machine. Ensure all liquid | | |
| Ma | 22 | Cross Con. | | | discharges into the sewage system. Maintain equipment in good repair and facility is | | |
| ste | 23 | Liquid Waste | | ĺ | clean at all times. Repair or correct within 90 days. | | |
| Wa | 24 | Refuse | | | | | |
| min | ## 122 End | Rodents/ Insects | | 2 | | | |
| Ver | 26 | Animal/ Fowl | | | | | |
| | 1 Food 2 Pre 3 Store From 1 Fr | Ventilation | | Ŷ | A DEINORESTION SEE LIAG REEN AGGEGGE EGG GONTINUOUG NON | | |
| S | 28 | Doors | | | A REINSPECTION FEE HAS BEEN ASSESSED FOR CONTINUOUS NON-COMPLIANCE. | | |
| ilitie | 29 | Floors | | X | COMPEIANCE. | | |
| Fa | 30 | Walls - Ceilings | | | A REINSPECTION FEE WILL BE ASSESSED ON FUTURE NON-COMPLIANCE. | | |
| | 31 | Toilet Fac. | | | | | |
| | 32 | Janitorial Fac. | | | | | |
| | 33 | Lighting | | | | | |
| Misc. | 34 | Clothing - Linen | | | | | |
| | 35 | Signs | | | | | |
| | | | | | | | |
| | | | JUT = | Out of c | mpliance COS = Corrected on-site | | |
| Received By (Print): Received by (Signature): Date: 11/18/2024 | | | | | | | |
| REHS (Print): REHS (Signature): Phone: 530-841-2112 | | | | | | | |

| Facility Name: | Ainer's Inn Convention Center | |
|----------------------|---|--------------|
| | The marked items represent Health Code violations and must be corrected as follows: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Received By (Print): | Received by (Signature): | ate: |
| | ah Gleason | 11/18/2024 |
| REHS (Print): | REHS (Signature): | hone: |
| Chalyn De | wey | 530-841-2112 |

| Facility Name: | Miner's Inn Convention | on Center | |
|---------------------------|------------------------|--|------------------------|
| | The marked items rep | present Health Code violations and must be o | corrected as follows: |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | h Gleason | Received by (Signature): | Date: 11/18/2024 |
| REHS (Print): Chalyn [| Dewey | REHS (Signature): | Phone: 530-841-2112 |

| Facility Name: | Miner's Inn Convention Center | er | |
|---------------------------|-------------------------------|--|------------------------|
| | The marked items represent F | lealth Code violations and must be corrected as foll | ows: |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | ah Gleason | ceived by (Signature): | Date: 11/18/2024 |
| REHS (Print): Chalyn [| RE Dewey | HS (Signature): | Phone: 530-841-2112 |