

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: Fairchild I | Medio | cal C | ente | r | ^{Permit #} 000230 | | | | |
|---|--|-------------------------------------|----------|--------|----------|---|-------------------------------------|--|--|--|--|
| Address: 444 Bruce St. Yreka, CA 96097 | | | | | | | | | | | |
| Permit Holder: Fairchild Medical Center | | | | | | | | | | | |
| | Phone: 530-842-8121 ext 6213 E-mail: tpotter@fairchildmed.org | | | | | | | | | | |
| Food | Food Safety Certified Employee: Terrina L. Potter Expiration Date: 09/2029 | | | | | | | | | | |
| | | | - | OUT | | The marked items represent Health Code violations and | | | | | |
| Protection Time/ Temp. | 1 | Food Temp. | | | | | | | | | |
| | 2 | Prep./ Service | | | | ROUTINE INSPECTION CONDUCTE | D THIS DATE | | | | |
| | 3 | Storage/ Disp. | | Х | | | | | | | |
| | 4 | Frozen Food | | | | 3) Observed a box of potatoes stored on the ground in the hallway next to dry sto | | | | | |
| | 5 | Pure Food | | | | area. Store foods at least 6" off the floor. Correct ASAP. | | | | | |
| | 6 | Reused Food | | | | 14) Observed a Household Lise Only Kitchen Aid feed processor stored on better | | | | | |
| ۵. | 7 | Transportation | | | | 14) Observed a Household Use Only KitchenAid food processor stored on bottom shelve of a prep table at the cook's station. Ensure all equipment are ANSI certified or | | | | | |
| Food Storage | 8 | Storage Fac. | | | | commercial. Discontinue use, remove and/or replace equipment immediately. Provide manufacture spec sheet of replacement equipment to the department for pre-approval | | | | | |
| | | Refrig. Units | | | | | | | | | |
| | 10 | Thermometer | | | <u>.</u> | prior to purchase and installation. | | | | | |
| | _ | Hazardous Mat. | | | | 13) Observed a large bus tub, half filled with water, sto | ored on the ground to collect waste | | | | |
| Gran) | | Spoils | _ | | 8 | water dripping from the dishwasher. Maintain equipme | | | | | |
| | 1000 | Wash/ Sanitize | | X | | serviceable. Repair or correct within 90 days. | U | | | | |
| Uten./Equip. | | Equip. Condition | | Х | | | | | | | |
| Jten | - | Utensil Condition | _ | | _ | 13) Observed greater than 200ppm chlorine in a sanitizer/bleach spray bottle locate | | | | | |
| | | Storage | | 5 | - | the warewashing area. Observed 400ppm quat sanitizer at manual warewashing a The following are allowable sanitizer concentration: 100ppm chlorine and 200ppm | | | | | |
| 66 | | Handwashing | | 2 | | Utilized test strips to measure concentration. | | | | | |
| Employee | - | Employee Hygiene | | | | 13) Observed no chlorine sanitizer test strips. Obtain test strips ASAP. | | | | | |
| Ē | _ | Employee Habits Food Cert./ Card | <u> </u> | 5 | | | | | | | |
| 5 | 10000 | Water | - | e | | 30) Observed paint chipping from the walls around do | or frame at dry food storage area | | | | |
| Water | | Cross Con. | | c | <u>.</u> | and between the handwashing and warewashing drain | | | | | |
| | | Liquid Waste | - | 2 | | Ensure walls are refinished to be easily cleanable, smooth, durable, and nonabsor | | | | | |
| Waste | | Refuse | | | | Repair or correct within 90 days. | | | | | |
| in | | Rodents/ Insects | - | 2 | | | | | | | |
| Vermin | | Animal/ Fowl | | | | | | | | | |
| - | 27 | Ventilation | | | 0 | | | | | | |
| 10 | 28 | Doors | | | | | | | | | |
| Facilities | 29 | Floors | | 6 5 | | | | | | | |
| Fac | 30 | Walls - Ceilings | | Х | | | | | | | |
| 1000 | 31 | Toilet Fac. | | | | | | | | | |
| | 32 | Janitorial Fac. | | | | | | | | | |
| | 33 | Lighting | | | | | | | | | |
| · v | | Clothing - Linen | | | | | | | | | |
| Misc. | 35 | Signs | | | | | | | | | |
| | | Misc. | | | | | | | | | |
| | | | = TUC | Outo | of con | pliance COS = Corrected on-site | | | | | |
| Received By (Print): Received by (Signature): Ethan Cooper | | | | | | Date: 12/26/2024 | | | | | |
| REHS (Print): Chalyn Dewey | | | | | | REHS (Signature): | Phone: 530-841-2112 | | | | |
| | | | | | | | | | | | |

Last modified 4/12/2023

| Facility Name: Fairchild Medical Center | | | | | | |
|---|---|----------------------|--|--|--|--|
| The marked items | represent Health Code violations and must be co | prrected as follows: | | | | |
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| Received By (Print): Ethan Cooper | Received by (Signature): | Date: 12/26/2024 | | | | |
| REHS (Print): | REHS (Signature): | Phone: | | | | |
| Chalyn Dewey | | 530-841-2112 | | | | |
| Page 2 | | | | | | |

| Facility Name: | _ | | | |
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| | Fairchild Medical Cente | | | |
| | The marked items repre | sent Health Code violations and m | ust be corrected as follows: | |
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| Received By (Print): | - | Received by (Signature): | Date: | |
| | an Cooper | | | 6/2024 |
| REHS (Print): Chalyn | Dewev | REHS (Signature): | Phone: 530-84 | 1-2112 |
| Page 3 | | | 550-04 | |

| Facility Name: | Fairchild Medical Center | |
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| | The marked items represent Health Code violations and must be corrected as for | llows: |
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| Eth | an Cooper | 12/26/2024 |
| REHS (Print): | REHS (Signature): | Phone: |
| Chalyn I | Dewey | 530-841-2112 |