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: Super 8 M	1otel			Permit # 000448					
Addres	SS:	138 Montague	0,000,000	Yrel	a, C	A 96097					
Permit	Hol	^{der:} Dinesh Pa	tel			Permit To Operate: Valid Not Valid					
Phone	530-641-5761 Superoyreka@spcglobal.net										
Food S	Food Safety Certified Employee: Brijesh Patel Expiration Date: 02/2029										
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:											
otection Time/ Temp.	1	Food Temp.	IVIAU	001	,03	The marked items represent fleatin code violations and must be corrected as follows.					
		Prep./ Service		7		ROUTINE INSPECTION CONDUCTED THIS DATE					
		Storage/ Disp.		X							
	4	Frozen Food				3) Observed raw eggs stored next to (ie same shelf) ready-to-eat food. Store ready-to-					
	5	Pure Food				eat food above and on separate shelves from raw food. Correct immediately.					
	6	Reused Food									
P	7	Transportation				11) Observed unmarked working spray bottles. Ensure all spray bottles are marked or					
O	8	Storage Fac.				labeled with a common name. Correct ASAP.					
rage	9	Refrig. Units				13) Observed greater than 200ppm chlorine in working spray bottle. Ensure chlorine					
Sto	10	Thermometer				sanitizer measures at 100ppm chlorine or 200ppm QAC. Correct immediately.					
000	11	Hazardous Mat.		X		Note: The PineSol Lysol cleaner does not contain sanitizer.					
Щ	12	Spoils				13) Observed no chlorine test strips. Obtain chlorine test strips immediately.					
Equip.	13	Wash/ Sanitize		X		13) Observed no chlorine test strips. Obtain chlorine test strips infinediately.					
	14	Equip. Condition		×		14) Observed the warewashing sinks located in or adjacent to the laundry room that is in					
ten.	15	Utensil Condition				a separate building from the food preparation area. Food facilities that prepare foods or					
Ď	16	Storage				uses multi-service utensils and equipment must provide manual warewashing sinks, and					
9	17	Handwashing				is not located under other sources of contamination. Move the 3-compartment sinks into the food prep area, in the kitchen. Repair or correct within 90 days.					
loye	1000	Employee Hygiene				the lood prepared, in the kitchen. Nepair of correct within 30 days.					
dw:	-	Employee Habits	\sqcup			14) Observed the following issues with the 3-compartment sinks (3CS): left side					
	10000	Food Cert./ Card	\sqcup			drainboard is cut off, and plumbed directly into the sewage system. Ensure 3CS has 2					
ater		Water	\vdash	_		drainboards attached and is ANSI certified. Any changes or repairs to equipment voids					
>		Cross Con.	\square	_		the sanitation certification marking. Ensure the warewashing sinks is plumbed indirectly into a floor sink with a 1" air gap above the top level of the sink. Repair or correct within					
min Waste Water Employee	_	Liquid Waste	\vdash	_		90 days.					
A Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp.	-	Refuse		_							
A Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp.	1000	Rodents/ Insects	\vdash		_						
Ne Ne		Animal/ Fowl									
	0.00	Ventilation	Н	_							
es	3 3	Doors	Н								
acilit		Floors		-	_						
T,		Walls - Ceilings	Н	-	_						
		Toilet Fac.	Н	_							
	32	Janitorial Fac.	Н		_						
		Lighting	Н	-							
SC.	1775	Clothing - Linen									
Σ		Signs		\dashv	\dashv						
MA.I =		Misc. or violation (OUT =	Out of	comp	liance COS = Corrected on-site					
					Somp	Received by (Signature): Date:					
		Tello	COOV	CI		03/03/2025					
REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112											

Facility Name: Super 8	3 Motel								
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Received By (Print):	Received by (Signature):	Date:							
Amber Cod		03/03/2025							
REHS (Print):	REHS (Signature):	Phone:							
Chalyn Dewey		530-841-2112							

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