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: Jefferson Inn Permit # 000395										
Address: 1235 S Main Street Yreka CA 96097										
Permit Holder: Agarwal LLC, DBA Jefferson Inn										
Phone: 530-842-4412 E-mail: jefferssoninnmountainviewinn@gmail.com										
Food	Food Safety Certified Employee: N/A Expiration Date:									
				OUT	200	The marked	d items represent Health Code violations and must be corrected	as follows:		
Protection Time/ Temp.	1	Food Temp.	IVIAU	001	003	The marked	a items represent riealth oode violations and must be corrected	as 10110WS.		
	2	Prep./ Service				ROL	UTINE INSPECTION CONDUCTED THIS DATE			
	3	Storage/ Disp.								
	4	Frozen Food								
	5	Pure Food								
otec	6	Reused Food								
Pre	7	Transportation								
	8	Storage Fac.								
rage	9	Refrig. Units				NOTE: THIS FACILITY IS NOT SERVING FOOD AT THIS TIME.				
Sto	10	Thermometer								
Food Storage	11	Hazardous Mat.								
	12	12 Spoils								
ip.	13	Wash/ Sanitize								
Uten./Equip.	14	Equip. Condition								
ten.	15	Utensil Condition								
5	16	Storage								
0	17	Handwashing								
loye	18	Employee Hygiene								
Employee	-	Employee Habits								
		Food Cert./ Card								
Water	-	Water	-							
3	22									
Waste		Liquid Waste	_							
>		Refuse	-							
Vermin	-	Rodents/ Insects	-							
>	-	Animal/ Fowl								
	27 28	Ventilation Doors								
ties	-	Floors								
Facilities		Walls - Ceilings								
ш	31	Toilet Fac.		-						
	32	Janitorial Fac.								
	-	Lighting		-						
		Clothing - Linen								
Misc.	1000	Signs								
		Misc.								
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site										
Received By (Print): Received by (Signature): Sanjay Agarwal						Received by (S	Signature): Date: 03/	19/2025		
REHS (Print): REHS (Signature): Phone: 530-841-2112							0-84 <mark>1</mark> -2112			
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Facility Name:	Jefferson Inn		
		represent Health Code violations and must	be corrected as follows:
		ς	
Received By (Print):	niav Agarwal	Received by (Signature):	Date: 03/19/2025
	njay Agarwal		
REHS (Print): Chalyn D	ewey	REHS (Signature):	Phone: 530-841-2112
Bage 2	,		

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	The marked items represent Health Code violations and must be corrected as follows:	
	х х	
Received By (Print):		ate:
Sanj	njay Agarwal	03/19/2025
REHS (Print):		none:
	Dewey	530-841-2112
Sanj	njay Agarwal REHS (Signature): Pł	03/19/2025

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	ζ.	
Received By (Print):	Received by (Signature):	Date:
	jay Agarwal	03/19/2025 Phone:
REHS (Print): Chalyn D	REHS (Signature): Dewey	Phone: 530-841-2112
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