## Food Program Official Inspection Report



Siskiyou County Community Development Department Environmental Health Division 806 S. Main Street Yreka, California 96097

		CIFOR				phone: (530) 841-2100, fax: (530) 841-4076			
Facility	Na.	me: Econo Loc	lge l	nn		Permit # 000213	Permit # 000213		
Addres	SS:	526 S Main St	reet.	Yre	ka, (	CA 96097			
Permit			100		7.6	Permit To Operate:    Valid   Not Valid	_		
Phone	. 5	30-842-4404				E-mail: drapsllc@gmail.com			
Food S			ee: N	1//		Expiration Date:	-		
Food Safety Certified Employee: N/A  MAJ OUT COS					coe	The marked items represent Health Code violations and must be corrected as follows:	_		
Protection Time/ Temp.	1	Food Temp.	IVIAJ	001	003	The marked items represent fleatin Code violations and must be confected as follows.	-		
	100	Prep./ Service				ROUTINE INSPECTION CONDUCTED ON THIS DATE			
		Storage/ Disp.							
	500	Frozen Food							
tion	5	Pure Food							
otec	6	Reused Food				SATISFACTORY AT PRESENT TIME.			
P	7	Transportation							
Food Storage		Storage Fac.							
	9	Refrig. Units	8A 33						
	10	Thermometer		1					
900	11	Hazardous Mat.		1 d					
ш	12	Spoils		- - - -					
dir.	13	Wash/ Sanitize			Ż				
Uten./Equip.	14	Equip. Condition							
ten.		Utensil Condition							
כ	16	Storage							
90	-	Handwashing							
oloy	Section 1	Employee Hygiene							
Employee	1000	Employee Habits							
	10001	Food Cert./ Card							
Water		Water Cross Con.							
S 0	- 3								
Waste		Liquid Waste Refuse							
	-	Rodents/ Insects							
Vermin		Animal/ Fowl							
	2	Ventilation			0				
3620	-	Doors							
Facilities	-	Floors			0				
-aci		Walls - Ceilings							
		Toilet Fac.	П						
		Janitorial Fac.							
	33	Lighting							
Misc.		Clothing - Linen							
	35	Signs							
	36	Misc.							
MAJ =	Maj	or violation C	UT =	Out	of con	npliance COS = Corrected on-site			

Received By (Print):

Dee Singh

Received by (Signature):

03/26/2025

REHS (Print):

Chalyn Dewey

Received by (Signature):

Phone:

530-841-2112

Facility Name:	Econo Lodge Inn	
	The marked items represent Health Code violations and must be corrected as follows:	
i#		
	D. C.	
Received By (Print):	Received by (Signature): Date: ee Singh	03/26/2025
REHS (Print):	REHS (Signature): Phone	

530-841-2112

Chalyn Dewey

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REHS (Print):		one:

530-841-2112

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	e Singh	03/26/2025
REHS (Print):	REHS (Signature):	hone:
Chalyn [	Dewey	530-841-2112