## Food Program Official Inspection Report



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

|                            |              |                         |            |       |        | priorie: (550) 64 1-2 100, fax. (550) 64 1-4076  | 100                                     |  |  |  |  |
|----------------------------|--------------|-------------------------|------------|-------|--------|--|---|--|--|--|--|
| Facility                   | Na           | me: Multi Site          | Man        | ager  | nent   | , LLC (Speedway Express)   | Permit # 000357                         |  |  |  |  |
| Addres                     | SS:          | 735 N Main St           | , Yre      | eka ( | CA 9   | 6097   |   |  |  |  |  |
| Permit                     | Hol          | der:<br>Multi Site N    | /lana      | agen  | nent,  | LLC  | Permit To Operate:    Valid   Not Valid |  |  |  |  |
| Phone                      | 5            | 30-842-6539             |            |       |        | E-mail: 832@porters.us.com   |   |  |  |  |  |
| Food S                     | Safe         | ty Certified Employ     | ee: N      | I/A   |        |  | Expiration Date:                        |  |  |  |  |
|                            |              | ,                       | MAJ        | OUT   | cos    | The marked items represent Health Code violations and  | d must be corrected as follows:         |  |  |  |  |
| ď                          | 1            | Food Temp.              |            |       |        |  |   |  |  |  |  |
| Protection Time/ Temp.     | 2            | Prep./ Service          |            |       |        | FOLLOW-UP INSPECTION CONDUCTED ON THIS DATE  |   |  |  |  |  |
|                            | 3            | Storage/ Disp.          |            |       |        |  |   |  |  |  |  |
|                            | 4            | Frozen Food             |            |       |        | This is a follow-up inspections in regards to rodent iss   | ue noted on 1/14/2025 complaint         |  |  |  |  |
|                            | 5            | Pure Food               |            |       |        | inspection report:   |   |  |  |  |  |
|                            | 6            | Reused Food             |            |       |        |  | And in the construction of the con-     |  |  |  |  |
|                            | 7            | Transportation          |            |       |        | Facility has abated all evidence of rodent violations noted in the main facility and have                              |   |  |  |  |  |
| Food Storage               | 8            | Storage Fac.            |            |       |        | provided professional rodent service invoice. Continue professional pest control treatments and rodent proof barriers. |   |  |  |  |  |
|                            | 9            | Refrig. Units           | 19.6 - 3.6 |       |        | a damento and redent proof barriers.   |   |  |  |  |  |
|                            | 10           | Thermometer             |            |       | -      | Facility has also destroyed and moved all single-use u   |   |  |  |  |  |
|                            | 11           | Hazardous Mat.          |            |       |        | main facility. However, rodent droppings are still prese   |   |  |  |  |  |
|                            | 12           | Spoils                  |            |       | -      | use articles (ie utensils) and other items intended to b   |   |  |  |  |  |
| ip.                        | 13           | Wash/ Sanitize          |            |       |        | ) in this shed until it is rodent proof, dust proof, and floors are finished as to be smooth and easily cleanable.     |   |  |  |  |  |
| Uten./Equip.               | 14           | Equip. Condition        |            |       |        | ,  |   |  |  |  |  |
| ten.                       |              | Utensil Condition       |            |       |        |  |   |  |  |  |  |
| כ                          | 16           | Storage                 |            |       |        |  |   |  |  |  |  |
| ø                          | 17           | Handwashing             |            |       |        |  |   |  |  |  |  |
| Employee                   |              | Employee Hygiene        |            |       |        |  |   |  |  |  |  |
| dw:                        |              | Employee Habits         |            |       |        |  |   |  |  |  |  |
|                            | 20           | Food Cert./ Card        |            |       |        |  |   |  |  |  |  |
| Water                      |              | Water                   |            |       |        |  |   |  |  |  |  |
| >                          | . 2          | Cross Con.              |            |       |        |  |   |  |  |  |  |
| Waste                      | and the      | Liquid Waste            |            |       |        |  |   |  |  |  |  |
|                            |              | Refuse                  |            |       |        |  |   |  |  |  |  |
| Vermin                     |              | Rodents/ Insects        |            |       |        |  |   |  |  |  |  |
| Ne Ne                      |              | Animal/ Fowl            |            |       | 8      |  |   |  |  |  |  |
|                            | 1000         | Ventilation _           |            |       |        |  |   |  |  |  |  |
| es                         | 8 _ 3        | Doors                   |            |       | 8      |  |   |  |  |  |  |
| Facilities                 | - Control of | Floors                  |            |       |        |  |   |  |  |  |  |
| T,                         | - 6          | Walls - Ceilings        | $\vdash$   | 9     |        |  |   |  |  |  |  |
|                            |              | Toilet Fac.             |            |       |        | -  |   |  |  |  |  |
|                            | 32           | Janitorial Fac.         |            |       | 2      |  |   |  |  |  |  |
| SC.                        |              | Lighting Lines          |            |       |        |  |   |  |  |  |  |
|                            | 2            | Clothing - Linen        |            |       |        |  |   |  |  |  |  |
|                            | Contract     | Signs                   |            |       |        |  |   |  |  |  |  |
| MAJ =                      |              | Misc.<br>or violation C | UT =       | Out   | of com | pliance COS = Corrected on-site  |   |  |  |  |  |
|                            |              | (Print):                |            |       |        | Received by (Signature):   | Date: 04/10/2025                        |  |  |  |  |
| REHS (Print): Chalyn Dewey |              |                         |            |       |        | REHS (Signature):  | Phone: 530-841-2112                     |  |  |  |  |

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| Facility Name:  | Multi Site Management, LLC (Speedway Express) |              |  |  |  |
|---|---|--------------|--|--|--|
| The marked items represent Health Code violations and must be corrected as follows: |   |              |  |  |  |
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|   | ochelle Wight                                 | 04/10/2025   |  |  |  |
| REHS (Print):   | REHS (Signature):                             | Phone:       |  |  |  |
| Chalyn D  | Dewey   | 530-841-2112 |  |  |  |

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| Roc                  | nelle Wight                                   |  | 04/10/2025            |  |  |
| REHS (Print):        |   | REHS (Signature):  | Phone:                |  |  |
| Chalyn I             | Dewey   | 100 mm - 100 | 530-841-2112          |  |  |

| Facility Name:       | Multi Site Manage   |                          |              |  |  |  |  |  |
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| Roo                  | chelle Wight  |                          | 04/10/2025   |  |  |  |  |  |
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| Chalyn [             | Dewey   |                          | 530-841-2112 |  |  |  |  |  |