



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: Yreka Lanes | | | | Permit # 000489 | |
| Address: 1601 S Oregon St., Yreka, CA 96097 | | | | | |
| Permit Holder: Laura Leach | | | | Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid | |
| Phone: 530-572-1552 | | E-mail: laura.s.leach@gmail.com | | | |
| Food Safety Certified Employee: Mary Smith | | | | Expiration Date: 05/2028 | |

| | | MAJ | OUT | COS | |
|------------------------|----------------------|-----|-----|-----|---|
| Protection Time/ Temp. | 1 Food Temp. | | | | <p>The marked items represent Health Code violations and must be corrected as follows:</p> <p style="text-align: center; font-weight: bold;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>3) Observed frozen meat stored next to or touching ready-to-eat food in reach-in freezer next to warewashing sinks. Store food in a manner to prevent cross contamination. Correct immediately.</p> <p>29) Observed buildup of slime in the floor sink where the warewashing sink is plumbed to. Maintain equipment in a clean manner, good repair, and fully serviceable. Clean ASAP.</p> <p>29) Observed the cemented floors unfinished at the handwashing or warewashing area. Maintain floors in good repair, smooth, durable, nonabsorbent, and easily cleanable. Repair or correct within 90 days.</p> |
| | 2 Prep./ Service | | | | |
| | 3 Storage/ Disp. | | X | | |
| | 4 Frozen Food | | | | |
| | 5 Pure Food | | | | |
| | 6 Reused Food | | | | |
| | 7 Transportation | | | | |
| Food Storage | 8 Storage Fac. | | | | |
| | 9 Refrig. Units | | | | |
| | 10 Thermometer | | | | |
| | 11 Hazardous Mat. | | | | |
| Uten./Equip. | 12 Spoils | | | | |
| | 13 Wash/ Sanitize | | | | |
| | 14 Equip. Condition | | | | |
| | 15 Utensil Condition | | | | |
| Employee | 16 Storage | | | | |
| | 17 Handwashing | | | | |
| | 18 Employee Hygiene | | | | |
| | 19 Employee Habits | | | | |
| Water | 20 Food Cert./ Card | | | | |
| | 21 Water | | | | |
| | 22 Cross Con. | | | | |
| | 23 Liquid Waste | | | | |
| Waste | 24 Refuse | | | | |
| | 25 Rodents/ Insects | | | | |
| | 26 Animal/ Fowl | | | | |
| | 27 Ventilation | | | | |
| Facilities | 28 Doors | | | | |
| | 29 Floors | | X | | |
| | 30 Walls - Ceilings | | | | |
| | 31 Toilet Fac. | | | | |
| | 32 Janitorial Fac. | | | | |
| | 33 Lighting | | | | |
| | 34 Clothing - Linen | | | | |
| Misc. | 35 Signs | | | | |
| | 36 Misc. | | | | |

| | |
|---|---|
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site | |
| Received By (Print): Mary Smith | Received by (Signature): _____ Date: 04/16/2025 |
| REHS (Print): Chalyn Dewey | REHS (Signature): _____ Phone: 530-841-2112 |

Facility Name: Yreka Lanes

The marked items represent Health Code violations and must be corrected as follows:

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| REHS (Print): Chalyn Dewey | REHS (Signature): | Phone: 530-841-2112 |
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