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: Fairchild N	/ledic	cal C	ente	Permit # 000230				
Addres	SS:	444 Bruce St.	Yrek	a, C	A 96	6097				
Permit	Permit Holder: Permit To Operate:									
Phone	Fairchild Medical Center E-mail: thetter@fairchildmed.org									
	550-642-6121 ext 6215 tpotter@raircrilidrined.org									
F000 S	Food Safety Certified Employee: Terrina L. Potter Expiration Date: 09/2029									
			MAJ	OUT	cos	The marked items represent Health Code violations and must be corrected as follows:				
Protection Time/ Temp.	The same	Food Temp.				ROUTINE INSPECTION CONDUCTED THIS DATE				
	3200	Prep./ Service								
		Storage/ Disp.								
	- 24	Frozen Food				13) Observed greater than 400ppm chlorine sanitizer is working spray bottle located in the warewashing area. Maintain chlorine sanitizer at 100ppm. Utilize test strips to measure concentration before long term storage in spray bottle and as needed.				
	CONTRACT.	Pure Food								
Prote		Reused Food				measure concentration before long term storage in spray bottle and as needed.				
<u>п</u>		Transportation				13) 2nd Notice- Observed no chlorine sanitizer test strips. Obtain test strips ASAP.				
Food Storage	-	Storage Fac.	- 25		-					
	Appendix and the second	Refrig. Units			ž.	30) 2nd Notice - Observed paint chipping from the walls in between the handwashing				
	3 3	Thermometer		4		and dishwasher airdry drain board and dry food storage area (inside wall opposite from door hinge). 1st Notice - Observed paint peeling off wall at produce wash station.				
Foc		Hazardous Mat.				Observed wall damaged behind meat slicer equipment.				
	3 3	Spoils		~	9	1-7				
Uten./Equip.	,500,000	Wash/ Sanitize		X	_	Ensure walls are refinished to be easily cleanable, smooth, durable, and nonabsorbent.				
ı./Ec		Equip. Condition		3		Repair or correct within 90 days.				
Jten		Utensil Condition								
_		Storage				*****Future non-compliance to repeat violations will result in reinspection fees, an				
99		Handwashing		3		administrative hearing, and/or potential permit revocation.				
Employee		Employee Hygiene				before the property of the pro				
Em		Employee Habits Food Cert./ Card								
-	7									
Water	000000	Water Cross Con.								
				3						
Waste		Liquid Waste Refuse								
100										
'ermin		Rodents/ Insects Animal/ Fowl								
>					9					
	Automatical Control	Ventilation Doors		_	ž.					
ties	1 1	Floors	Н		9					
Facilities		Walls - Ceilings		~						
ш				×	-					
	32	Toilet Fac. Janitorial Fac.								
				3						
		Lighting Clothing - Linen	Н							
Misc.	1000	-								
		Signs								
MA.I =		Misc. or violation C	UT =	Out	of con	ppliance COS = Corrected on-site				
	Received By (Print): Received by (Signature): Date:									
Rich Cirelli 04/28/2025										
REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112										

Facility Name:	Fairchild Medical Center	
	The marked items represent Health Code violations and must be corrected as follows:	
18		
	,	
Received By (Print):	Received by (Signature): Date:	04/28/2025
REHS (Print):	REHS (Signature): Phone:	March a Product of the Experience

530-841-2112

Chalyn Dewey

Facility Name:	Fairchild Medical Center	
	The marked items represent Health Code violations and must be corrected as follows:	
18		
Descripted Description	Received by (Signature): Date:	
Received By (Print): Rich		4/28/2025
REHS (Print):	REHS (Signature): Phone:	AC 8504 (10 AC 86

530-841-2112

Chalyn Dewey

Facility Name:	Fairchild Medical Center	
	The marked items represent Health Code violations and must be corrected as follow	s:
×		
	· ·	
Received By (Print):	Received by (Signature):	Dato:
	h Cirelli	Date: 04/28/2025
REHS (Print): Chalyn [REHS (Signature): Dewey	Phone: 530-841-2112