



# 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: <b>North Siskiyou Dairy Truck #2</b>						Permit # <b>000362</b>	
Address: <b>1313 N Foothill, Yreka CA 96097</b>							
Permit Holder: <b>North Siskiyou Dairy</b>						Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid	
Phone: <b>530-842-1616</b>				E-mail: <b>mark@siskiyoudistributing.com</b>			
Food Safety Certified Employee: <b>N/A</b>						Expiration Date:	

  

		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; margin-top: 20px;">ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>14) Observed raw wood on the walls and plat forms in the truck. Ensure all woods are finished to be smooth, easily cleanable, durable, and nonabsorbent. Repair or correct within 90 days.</p> <p>Note: Dairy Truck #2 remains stored at warehouse in Mount Shasta, CA. Truck primarily operates Tuesday-Thursday, and Sunday.</p>
	2 Prep./ Service				
	3 Storage/ Disp.				
	4 Frozen Food				
	5 Pure Food				
	6 Reused Food				
	7 Transportation				
Food Storage	8 Storage Fac.				
	9 Refrig. Units				
	10 Thermometer				
	11 Hazardous Mat.				
	12 Spoils				
Uten./Equip.	13 Wash/ Sanitize				
	14 Equip. Condition		X		
	15 Utensil Condition				
	16 Storage				
Employee	17 Handwashing				
	18 Employee Hygiene				
	19 Employee Habits				
	20 Food Cert./ Card				
Water	21 Water				
	22 Cross Con.				
Waste	23 Liquid Waste				
	24 Refuse				
Vermin	25 Rodents/ Insects				
	26 Animal/ Fowl				
Facilities	27 Ventilation				
	28 Doors				
	29 Floors				
	30 Walls - Ceilings				
	31 Toilet Fac.				
	32 Janitorial Fac.				
	33 Lighting				
Misc.	34 Clothing - Linen				
	35 Signs				
	36 Misc.				

  

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site	
Received By (Print): <b>Dale Zeigler</b>	Received by (Signature): _____ Date: <b>06/05/2025</b>
REHS (Print): <b>Chalyn Dewey</b>	REHS (Signature): _____ Phone: <b>530-841-2112</b>

**Facility Name:** North Siskiyou Dairy Truck #2

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