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: Raley's #247 | | | | | | | | | | | |
|--|--|-------------------|-------|----------|-------|---|--|--|--|--|--|
| Addres | SS: | 1840 Fort Jone | es R | d., Y | reka | a, CA 96097 | | | | | |
| Permit | | der: | | - 15 | | Permit To Operate: | | | | | |
| Dhono | | Raley's | | | | ✓ Valid Not Valid | | | | | |
| | Phone: 530-842-4307 E-mail: 247astdir@raleys.com | | | | | | | | | | |
| Food S | Food Safety Certified Employee: Robert Wagner Expiration Date: 12/2029 | | | | | | | | | | |
| MAJ OUT COS | | | | | _ | The marked items represent Health Code violations and must be corrected as follows: | | | | | |
| ďι | 1 | Food Temp. | | | | COMPLAINT INSPECTION CONDUCTED THIS DATE | | | | | |
| Protection Time/ Temp. | 3200 | Prep./ Service | | | | CONTRAINT INSTRUMENT CONDUCTED THIS DATE | | | | | |
| | 3 | Storage/ Disp. | | | | Complaint received regarding power outage in the facility (and nearby area). The | | | | | |
| | 200 | Frozen Food | | | | | | | | | |
| ctio | CONTRACT. | Pure Food | | | | following observations were found: | | | | | |
| rote | | Reused Food | | | | Power outage has been abated. Facility have the following: hot running water at all | | | | | |
| ш | | Transportation | | | | handwashing stations, holding equipment are holding food to temperature, and sufficient | | | | | |
| Food Storage | - | Storage Fac. | ES 33 | | | lighting in all food prep and storage areas. Observed no signs of temperature abuse. | | | | | |
| | Name of Street | Refrig. Units | | | | | | | | | |
| | 10 | Thermometer | | | | NOTE: continue to work on more consultance moted on more increasing more of | | | | | |
| | | Hazardous Mat. | | | | NOTE: continue to work on non-compliance noted on previous inspection report. | | | | | |
| Scale | 12 | Spoils | | | 8 | | | | | | |
| uip. | J. 19 19 19 19 19 19 19 19 19 19 19 19 19 | Wash/ Sanitize | | | | | | | | | |
| Uten./Equip. | | Equip. Condition | | | | | | | | | |
| Jten. | 7 | Utensil Condition | | | | | | | | | |
| 0 | | Storage | | 3 | | | | | | | |
| 99 | | Handwashing | | | | | | | | | |
| Employee | | Employee Hygiene | | | | | | | | | |
| Emp | | Employee Habits | | | | | | | | | |
| | - | Food Cert./ Card | | | | | | | | | |
| Water | CHICAGO | Water | | | | | | | | | |
| | | Cross Con. | | | | | | | | | |
| Waste | | Liquid Waste | | | | | | | | | |
| 1.0 | | Refuse | | | | | | | | | |
| 'ermin | _ | Rodents/ Insects | | | ~ | | | | | | |
| Ve | | Animal/ Fowl | | | 5 | | | | | | |
| | 1000 | Ventilation | | | | | | | | | |
| es | 3 2 | Doors | | | 0 | | | | | | |
| Facilities | No. | Floors | | | | | | | | | |
| Fa | | Walls - Ceilings | | | | | | | | | |
| | Table 1 | Toilet Fac. | | \vdash | , | | | | | | |
| | 2 | | | | | | | | | | |
| | | Lighting | | | | | | | | | |
| Misc. | 1000 | Clothing - Linen | | | | | | | | | |
| | | Signs | | | | | | | | | |
| MAL | | Misc. | NIT : | Cut | of or | policopes COS - Corrected on cita | | | | | |
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): Received by (Signature): Date: | | | | | | | | | | | |
| Cindy Clausen 07/16/2025 | | | | | | | | | | | |
| REHS (Print): REHS (Signature): Phone: 530-841-2112 | | | | | | | | | | | |

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| Received By (Print): | Received by (Signature): Date: ndy Clausen 0 | 7/16/2025 |
| REHS (Print): | REHS (Signature): Phone: | HTT-5 19-90-10-50.T-00031 REVENOVE |

530-841-2112

Chalyn Dewey

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| Cin | dy Clausen | 07/16/2025 |
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| Chalyn [| Dewey | 530-841-2112 |