

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:													Per	mit #		
Addres																		
Permit Holder:										mit To Op ′alid	erate: Not Va	alid						
Phone	:							E-r	mail:									
Food S	Safet	y Certified Employ	ee:												Exp	oiration Da	te:	
			MAJ	оптГ	COel		Tho	marked	l itame :	ranrasa	nt Haal	th Codo	violation	e and mi		rrected as		
,	1	Food Temp.	IVIAJ	001	CUS		1116	marked	i ileiiis i	epiesei	iit i leal	iii Code	violatioi	is allu IIII	ual De CO	necieu as	ioliows.	
Protection Time/ Temp.	$\overline{}$	Prep./ Service			\dashv													
) T	_	Storage/ Disp.																
ij	-	Frozen Food																
Eo	_	Pure Food																
fect	_	Reused Food																
Pro		Transportation		\dashv	\dashv													
		Storage Fac.		+	\dashv													
age		Refrig. Units		-	\dashv													
Food Storage	_	Thermometer		\dashv	\dashv													
bo		Hazardous Mat.		+	\dashv													
Ъ		Spoils		+	\dashv													
·		Wash/ Sanitize																
Uten./Equip.	-	Equip. Condition																
n./E	-	Utensil Condition																
Ute		Storage																
		Handwashing																
Employee		Employee Hygiene																
oldr		Employee Habits																
En		Food Cert./ Card																
ē	-	Water																
Water	-	Cross Con.																
		Liquid Waste																
Waste		Refuse																
		Rodents/ Insects																
Vermin		Animal/ Fowl		+	\dashv													
		Ventilation		+	\dashv													
		Doors			\dashv													
lities		Floors			\dashv													
Facilities	_	Walls - Ceilings			\exists													
ш.		Toilet Fac.			\dashv													
		Janitorial Fac.			\dashv													
	-	Lighting			\dashv													
SC.		Clothing - Linen		+	\dashv													
	_	Signs			\dashv													
		Misc.			\dashv													
MAJ =			DUT =	Out o	f com	npliance		= Correc										
Receive	ed By	(Print):	_				Rece	ived (S	Signature	:):					Date	e:		
REHS (Print): REHS (Signature):						V)	1		Pho	ne:								
		Page 1								//			_				Last modi	ified 4/12/2023

The marked items represent Health Code violations and must be corrected as follows:	Facility Name:		
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Received By (Print): Received by (Signature): Date:			
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REHS (Print): REHS (Signature): Phone:			

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