

## **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:														Permit #			
Address:																			
Permit	Hol	der:														Permit T Valid	o Ope	rate: Not Valid	_ <del></del>
Phone	:							E-	mail:										
Food S	Safet	y Certified Employ	/ee:													Expiratio	n Date	<b>e</b> :	
				OUT C	`∩el		The	marko	d items	renrec	ant Har	alth Co	de violet	ione and	l muet				
,	1	Food Temp.	IVIAJ	001	,03		1116	marke	u itellis	repres	eni Hea	aitii CO	ue violal	ions and	ı 111USL I	De COITECLE	o as 10	UIIUWS.	
Protection Time/ Temp.	_	Prep./ Service		-	$\dashv$														
	_	Storage/ Disp.																	
	_	Frozen Food																	
Eoi		Pure Food																	
tect		Reused Food																	
Pro		Transportation			$\dashv$														
		Storage Fac.			$\dashv$														
Employee Uten./Equip. Food		Refrig. Units			$\dashv$														
	_	Thermometer	1	-+	$\dashv$														
		Hazardous Mat.		-+	$\dashv$														
	-	Spoils		-+	$\dashv$														
		Wash/ Sanitize																	
		Equip. Condition																	
n./E	_	Utensil Condition																	
Uten.		Storage																	
		Handwashing			_														
уее	-	Employee Hygiene																	
oldr		Employee Habits																	
Emp		Food Cert./ Card																	
		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.			$\exists$														
		Lighting			$\dashv$														
- i		Clothing - Linen			$\dashv$														
Misc.	_	Signs			$\exists$														
_		Misc.			$\exists$										Permit #  Permit To Op Valid  Expiration Da  and must be corrected as  Date:  Phone:				
MAJ =			DUT =	Out of	comp	liance		= Corre											
Receive	_																		
REHS (Print): REHS (Signature): Phone:							Phone:												
		Page 1								//								Last modifie	ed 4/12/2023

Facility Name:		
	The marked items represent Health Code violations and must be corrected as follows:	ows:
	The marked items represent Health Code violations and must be corrected as follows:	DWS:
Received By (Print):  REHS (Print):	Received by (Signature):  REHS (Signature):	Date: Phone:
KLIIO (FIIII).	KLI 13 (Signature).	Filone.

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