



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: Stewart Mineral Springs Kitchen	Permit # 000439
Address: 4617 Stewart Mineral Springs Rd, Weed CA	
Permit Holder: Logos Inc.	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-212-0023	E-mail: admin@stewartmineralsprings.com
Food Safety Certified Employee: Maria Pacheco	Expiration Date: 02/2028

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			<p style="text-align: center; font-weight: bold; margin-bottom: 10px;">ROUTINE INSPECTION CONDUCTED ON THIS DATE</p> <p>25,30) Observed wall openings behind the cooking range. The opening could provide entry points for pests and vectors. Seal and repair as soon as possible.</p> <p>14) Observed exposed wood shelving throughout the entire facility. Ensure services are cleanable, durable, non-absorbent, and smooth. Repair or replace as soon as possible.</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		X	
	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): Maria Pacheco	Received by (Signature): _____ Date: 7/25/2025
REHS (Print): Alexa Roche	REHS (Signature): _____ Phone: 530-841-2117

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Maria Pacheco

Received by (Signature):

Date:
7/25/2025

REHS (Print):
Alexa Roche

REHS (Signature):

Phone:
530-841-2117

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