



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: Arby's #8884	Permit # 000837
Address: 1813 Fort Jones Rd., Yreka, CA 96097	
Permit Holder: Sandive Datta	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-841-7111	E-mail: didi@food-services.co
Food Safety Certified Employee: Izaak Hans	Expiration Date: 10/2026

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/Temp.	1	Food Temp.			
	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			
	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		X	
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

ROUTINE INSPECTION CONDUCTED THIS DATE

ALL FOOD HANDLING IS SATISFACTORY AT PRESENT TIME.

29) Observed numerous equipment with liquid waste tube draining into both floor sinks (at customer beverage self service station and at drive through area) with air breaks. Ensure all tubes that discharges liquid waste is indirectly plumbed into floor sink with at least a 1" air gap above the top flood level rim. Repair or correct within 90 days.

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site
Received By (Print): Desirae Lopez Received by (Signature): _____ Date: 09/17/2025
REHS (Print): Chalyn Dewey REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Arby's #8884

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Desirae Lopez

Received by (Signature):

Date:
09/17/2025

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
530-841-2112

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