



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: Grocery Outlet	Permit # 000249
Address: 121 Montague Road, Yreka, CA 96097	
Permit Holder: Steve and Rebecca Sellers	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-842-7700	E-mail: yreka@groceryoutlet.com
Food Safety Certified Employee: N/A	Expiration Date:

		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; font-size: 1.2em;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>3) Observed raw food stored next to or above fully cooked/ready to eat (RTE) food at the egg cooler and deli meat cooler. Store raw food below or on separate shelf from RTE food. Correct ASAP.</p>
	2	Prep./ Service			
	3	Storage/ Disp.		X	
	4	Frozen Food			
	5	Pure Food			
	6	Reused Food			
	7	Transportation			
Food Storage	8	Storage Fac.			
	9	Refrig. Units			
	10	Thermometer			
	11	Hazardous Mat.			
Uten./Equip.	12	Spoils			
	13	Wash/ Sanitize			
	14	Equip. Condition			
Employee	15	Utensil Condition			
	16	Storage			
	17	Handwashing			
Water	18	Employee Hygiene			
	19	Employee Habits			
	20	Food Cert./ Card			
Waste	21	Water			
	22	Cross Con.			
Vermin	23	Liquid Waste			
	24	Refuse			
Facilities	25	Rodents/ Insects			
	26	Animal/ Fowl			
	27	Ventilation	☐		
	28	Doors	☐		
	29	Floors	☐		
	30	Walls - Ceilings	☐		
Misc.	31	Toilet Fac.	☐		
	32	Janitorial Fac.	☐		
	33	Lighting	☐		
	34	Clothing - Linen	☐		
	35	Signs	☐		
	36	Misc.	☐		

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Rebecca Sellers	Received by (Signature): _____ Date: 09/19/2025
REHS (Print): Chalyn Dewey	REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Grocery Outlet

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print): **Rebecca Sellers** Received by (Signature): Date: **09/19/2025**

REHS (Print): **Chalyn Dewey** REHS (Signature): Phone: **530-841-2112**

Facility Name: Grocery Outlet

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Rebecca Sellers

Received by (Signature):

Date:
09/19/2025

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
530-841-2112

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Received by (Signature):

Date:
09/19/2025

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
530-841-2112