



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: Raley's #247	Permit # 000383
Address: 1840 Fort Jones Rd., Yreka, CA 96097	
Permit Holder: Raley's	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-842-4307	E-mail: 247astdir@raleys.com
Food Safety Certified Employee: Robert Wagner	Expiration Date: 12/2029

		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;">COMPLAINT INSPECTION CONDUCTED ON THIS DATE</p> <p>The purpose of this visit is to conduct a complaint investigation. An investigation was conducted to address allegation regarding fruit flies infestation. The following observations were found:</p> <p>Inspected numerous produce (apples, bananas, melons, onions, potatoes, etc) and did not observe any infestation of fruit flies. Two or three fruit flies were observed at raspberry stand, but an infestation is not present.</p> <p>No follow-up inspection is required.</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			
	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	<input type="checkbox"/>		
	28	Doors	<input type="checkbox"/>		
	29	Floors	<input type="checkbox"/>		
	30	Walls - Ceilings	<input type="checkbox"/>		
	31	Toilet Fac.	<input type="checkbox"/>		
	32	Janitorial Fac.	<input type="checkbox"/>		
	33	Lighting	<input type="checkbox"/>		
Misc.	34	Clothing - Linen	<input type="checkbox"/>		
	35	Signs	<input type="checkbox"/>		
	36	Misc.	<input type="checkbox"/>		

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Paige Friden	Received by (Signature): _____ Date: 09/23/2025
REHS (Print): Chalyn Dewey	REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Raley's #247

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Received by (Signature):

Date:
09/23/2025

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
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