



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: Yreka Truck Stop	Permit # 000557
Address: 787 Montague Rd., Yreka, CA 96097	
Permit Holder: Yreka Properties LLC	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-200-8954	E-mail: yrekatravelplaza@gmail.com
Food Safety Certified Employee: Stacey Perryman	Expiration Date: 04/2028

		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		X	
	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			
	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.			

ROUTINE INSPECTION CONDUCTED ON THIS DATE

14) Observed ice buildup on the condenser or evaporator coils in the walk-in refrigerator. Maintain equipment in good repair and fully serviceable. Repair or correct within 90 days.

13) Observed 400ppm quaternary ammonium chloride (QAC) in BAFOFF sanitizer spray bottle. Maintain QAC solution of 200ppm sanitizer. Dilute the mixture until the desire concentration is met and utilize test strips to measure solution. Correct asap.

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site
Received By (Print): Georgina Hansen Received by (Signature): _____ Date: 10/03/2025
REHS (Print): Chalyn Dewey REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Yreka Truck Stop

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Received by (Signature):

Date:
10/03/2025

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
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