



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: Siskiyou County Jail	Permit # 000581
Address: 315 S Oregon St. Yreka CA 96097	
Permit Holder: Siskiyou County Jail	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-842-8173	E-mail: m.ward@co.siskiyou.ca.us
Food Safety Certified Employee: Michelle L Ward	Expiration Date: 05/2030

		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.		X	
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

13) Observed 100ppm quaternary ammonium chloride (QAC) sanitizer in spray bottle. Maintain QAC solution of 200ppm and utilize test strips daily. Correct ASAP.

13) Observed dust and grease buildup on the hood filters and fire suppression pipes. Maintain equipment in a cleanly manner at all times. Wash and clean immediately.

14) Observed damage door gaskets to both doors of reach-in refrigerator causing improper seal to the equipment. Maintain equipment in good repair and fully serviceable. Repair or correct within 90 days.

31) Observed toilet paper sitting on a plastic container on the counter of handwash station. Ensure toilet paper dispenses from a permanently installed dispenser. Repair or correct within 30 days.

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Michelle Ward	Received by (Signature): _____ Date: 11/19/2025
REHS (Print): Chalyn Dewey	REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Siskiyou County Jail

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

Received By (Print):
Michelle Ward

Received by (Signature):

Date:
11/19/2025

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
530-841-2112

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