



# 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: <b>Fairchild Medical Center</b>           | Permit # <b>000230</b>   |
| Address: <b>444 Bruce St. Yreka, CA 96097</b>            |  |
| Permit Holder: <b>Fairchild Medical Center</b>           | Permit To Operate:<br><input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid |
| Phone: <b>530-842-8121 ext 6213</b>                      | E-mail: <b>tpotter@fairchildmed.org</b>  |
| Food Safety Certified Employee: <b>Terrina L. Potter</b> | Expiration Date: <b>09/2029</b>  |

|                       |    | MAJ               | OUT | COS |   |   |
|-----------------------|----|-------------------|-----|-----|---|---|
|                       |    |                   |     |     | The marked items represent Health Code violations and must be corrected as follows: |   |
| Protection Time/Temp. | 1  | Food Temp.        |     | X   | X   | <p style="text-align: center; font-weight: bold; margin-bottom: 10px;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>1) Observed omelettes held in hot steam table at front service station at 120F. Hold hot food at 135F or hotter. Voluntarily discarded.</p> <p>17) Observed the hot water at the handwashing sink was not readily accessible for use in the kitchen. This is the only handwashing sink in the kitchen. It took at least 3 mins for the water to reach a minimum required temperature of 100F. Ensure adequate warm water is readily available at all times for proper hand washing. Correct or repair 30 days.</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       |     | X   |   |   |
|                       | 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.             |     |     |   |   |

|   |  |
|---|--|
| MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site |  |
| Received By (Print): <b>Terrina Potter</b>                                  | Received by (Signature): _____ Date: <b>12/12/2025</b> |
| REHS (Print): <b>Chalyn Dewey</b>   | REHS (Signature): _____ Phone: <b>530-841-2112</b>     |

**Facility Name:** Fairchild Medical Center

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

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Received by (Signature):

Date:  
12/12/2025

REHS (Print):  
Chalyn Dewey

REHS (Signature):

Phone:  
530-841-2112

**Facility Name:** Fairchild Medical Center

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

[Empty area for listing Health Code violations and correction details]

|  |                          |                     |
|--|--------------------------|---------------------|
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|--|--------------------------|---------------------|

|                               |                   |                        |
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