



Food Program Official Inspection Report
 SISKIYOU COUNTY
 COMMUNITY DEVELOPMENT DEPARTMENT
 Environmental Health Division
 806 S. Main Street
 Yreka, California 96097
 ph: (530) 841-2100, fax: (530) 841-4076

Facility Name: <u>Scott River Lodge</u>				CMHC# <u>610045</u>	
Address: <u>19432 Scott River Rd. Fort Jones, CA</u>					
Permit Holder: <u>Second Wind Program</u>				Permit To Operate: <input type="checkbox"/> Valid <input type="checkbox"/> Not Valid	
Phone: <u>530-496-3167</u>		E-mail:			
Food Safety Certified Employee: <u>Calie Gordon</u>				Expiration Date: <u>11/2026</u>	
The marked items represent Health Code violations and must be corrected as follows:					
	MAJ	OUT	COS		
Protection Time/ Temp.	1	Food Temp.			<u>ROUTINE INSPECTION CONDUCTED THIS DATE</u>
	2	Prep./ Service			
	3	Storage/ Disp.			
	4	Frozen Food			
	5	Pure Food			
	6	Reused Food			
	7	Transportation			
Food Storage	8	Storage Fac.			<u>Satisfactory at present time</u>
	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			
Vermitt	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): <u>Calie Gordon</u>		Received by (Signature): <u>Calie Gordon</u>		Date: <u>7/2/25</u>	
REHS (Print): <u>David Jackson</u>		REHS (Signature): <u>[Signature]</u>		Phone: <u>530-841-2114</u>	