



**Food Program Official Inspection Report**  
 SISKIYOU COUNTY PUBLIC HEALTH  
 & COMMUNITY DEVELOPMENT  
 806 S. Main Street  
 Yreka, California 96097  
 ph: (530) 841-2100, fax: (530) 841-4076

|                |                                |  |
|----------------|--------------------------------|--|
| Facility Name: | 3 J'S DELI AND MINI MART       | CMHC# 616122   |
| Address:       | 338 HIGHWAY A-12               |  |
| Permit Holder: | GRENADA OIL INC                | Permit To Operate:<br><input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid |
| Phone:         | E-mail: grenadashell@gmail.com |  |

|                |                            |
|----------------|----------------------------|
| CAROL ESPOSITO | Expiration Date:<br>3/2024 |
|----------------|----------------------------|

|                        |    | MAJ               | OUT | COS |  |
|------------------------|----|-------------------|-----|-----|--|
| 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    |     |     |  |
|                        | 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            |     |     |  |
| Vermir                 | 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.             |     |     |  |

FOLLOW-UP INSPECTION CONDUCTED ON THIS DATE.

SATISFACTORY AT PRESENT TIME.

FACILITY REPLACED BROKEN LIGHT BULB IN RESTROOM.

FACILITY REPLACED THERMAL LIGHT BULB IN FOOD

DISPLAY WARMER.

|   |  |
|---|--|
| MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site |  |
| Received By (Print):<br><b>EMMA CRITTENDEN</b>                              | Received by (Signature): <i>Emma Crittenden</i> Date: <b>9/29/2021</b> |
| REHS (Print):<br><b>ZAKIYA RAHH</b>   | REHS (Signature): <i>Zakiya Rahh</i> Phone: <b>841-2112</b>            |