

## **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: SISKIYOU COUNTY JAIL							<sup>СМНС#</sup> 615765	
Address: 315 S. OREGON STREET YREKA, CA 96097								
Permit Holder: Permit To Operate SISKIYOU COUNTY								
Phone: 842-8173 E-mail: michelle.ward@siskyousher								
MICHELLE WARD							Expiration Date: 3/2025	
Protection Time/ Temp.	1	Food Temp.						
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED	ON THIS DATE.	
	3	Storage/ Disp.						
	4	Frozen Food						
	5	Pure Food						
	6	Reused Food				ALL FOOD HANDLING IS SATISFACTO	RY AT PRESENT TIME.	
	7	Transportation						
Food Storage	8	Storage Fac.						
	9	Refrig. Units						
	10	Thermometer						
	11	Hazardous Mat.						
	12	Spoils						
Uten./Equip.	13	Wash/ Sanitize				16.		
	14	Equip. Condition				OBSERVED COUNTER TOP OVEN STORE	D HALF WAY UNDER THE	
	15	Utensil Condition				HOOD VENTILATION SYSTEM. FACILITY IS		
	16	Storage		X		THIS APPLIANCE UNDER THE HOOD WITH		
Employee	17	Handwashing				THE EDGE OF THIS APPLIANCE.		
	18	Employee Hygiene						
	19	Employee Habits						
	20	Food Cert./ Card						
r Waste Water	21	Water						
	22	Cross Con.						
	23	Liquid Waste						
	24	Refuse						
ermir	25	Rodents/ Insects						
Verr	26	Animal/ Fowl		$\square$				
Facilities	27	Ventilation						
	28	Doors		V		29.		
		Floors		Х		OBSERVED COVING TILE ALONG THE B		
	30	Walls - Ceilings				STORAGE ROOM CRACKED. FACILITY IS		
		Toilet Fac.				REPAIR THE COVING TO COMPLY WITH		
	32	Janitorial Fac.				SMOOTH, DURABLE, IMPERMEABLE AN	D EASY-TO-CLEAN.	
Misc.		Lighting						
		0						
		Signs						
ΜΑΤ-		Misc.		0.14 - 1		liance COS = Corrected on site		
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site   Received By (Print): MICHELLE WARD Received by (Signature): MICHELLE WARD Date:   5/11/2022								
REHS	PEUS (Drint): PEUS (Signature):							
	ZAKIYA RAHH 841-2112							