



**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: <b>RALEY'S</b>                        | CMHC# <b>100297</b>  |
| Address: <b>1842 FT. JONES RD. YREKA, CA 96097</b>   |  |
| Permit Holder: <b>RALEY'S</b>                        | Permit To Operate:<br><input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid |
| Phone:   | E-mail: <b>247astdir@raleys.com</b>  |
| Food Safety Certified Employee: <b>CINDY CLAUSEN</b> | Expiration Date: <b>2/2025</b>   |

|                        |                      | MAJ                 | OUT | COS | The marked items represent Health Code violations and must be corrected as follows: |   |
|------------------------|----------------------|---------------------|-----|-----|---|---|
| Protection Time/ Temp. | 1 Food Temp.         |                     |     |     | <b>ROUTINE INSPECTION CONDUCTED ON THIS DATE.</b>                                   |   |
|                        | 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   |     | 13. OBSERVED SANITIZER BELOW 200PPM AT CHEESE SLICER.                               |   |
|                        | 14 Equip. Condition  |                     | X   |     |   |   |
|                        | 15 Utensil Condition |                     |     |     | FACILITY IS INSTRUCTED TO UTILIZE SANITIZER TEST STRIPS                             |   |
|                        | 16 Storage           |                     |     |     |   |   |
| Employee               | 17 Handwashing       |                     |     |     | DAILY.  |   |
|                        | 18 Employee Hygiene  |                     |     |     |   |   |
|                        | 19 Employee Habits   |                     |     |     |   |   |
|                        | Water                | 20 Food Cert./ Card |     |     |   | 14. OBSERVED ONE PAPER TOWEL DISPENSER NOT PROPERLY |
|                        |                      | 21 Water            |     |     |   |   |
|                        |                      | 22 Cross Con.       |     |     |   |   |
| Waste                  | 23 Liquid Waste      |                     |     |     | FUNCTIONING. FACILITY IS INSTRUCTED TO REPAIR/REPLACE                               |   |
|                        | 24 Refuse            |                     |     |     |   |   |
| Vermir                 | 25 Rodents/ Insects  |                     |     |     | THIS UNIT ASAP.   |   |
|                        | 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>CINDY CLAUSEN</b>                                   | Received by (Signature):  Date: <b>7/11/2022</b> |
| REHS (Print): <b>ZAKIYA RAHH</b>  | REHS (Signature):  Phone: <b>841-2112</b>        |