



**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>Salmon River Outpost</u>           | CMHC# <u>100395</u>   |
| Address: <u> Hwy 96 Sames Bar </u>                   |   |
| Permit Holder: <u>Chris Hatten &amp; Tang Palmen</u> | Permit To Operate:<br><input type="checkbox"/> Valid <input type="checkbox"/> Not Valid |
| Phone: <u>530-469-1350</u>                           | E-mail:   |
| Food Safety Certified Employee:                      | Expiration Date:  |

|                        |                      | MAJ | OUT | COS | The marked items represent Health Code violations and must be corrected as follows:  |
|------------------------|----------------------|-----|-----|-----|--|
| Protection Time/ Temp. | 1 Food Temp.         |     |     |     | <p align="center"><i>Routine inspection conducted this date</i></p> <p><i>(2) Need to do proper wash, rinse &amp; sanitize with coffee making equip provide test strips for sanitizer</i></p> <p><i>This facility is in the process of changing ownership. New owners must obtain permit to operate from SJKCO. Environmental Health one person from this facility must obtain Food managers cert. card for class issued</i></p> <p><i>New owners must get approval from this Dept. before starting any food service</i></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.    |     |     |     |  |
| Uten./Equip.           | 12 Spoils            |     |     |     |  |
|                        | 13 Wash/ Sanitize    |     |     |     |  |
|                        | 14 Equip. Condition  |     |     |     |  |
|                        | 15 Utensil Condition |     |     |     |  |
| Employee               | 16 Storage           |     |     |     |  |
|                        | 17 Handwashing       |     |     |     |  |
|                        | 18 Employee Hygiene  |     |     |     |  |
| Water                  | 19 Employee Habits   |     |     |     |  |
|                        | 20 Food Cert./ Card  |     |     |     |  |
| Waste                  | 21 Water             |     |     |     |  |
|                        | 22 Cross Con.        |     |     |     |  |
| Vermis                 | 23 Liquid Waste      |     |     |     |  |
|                        | 24 Refuse            |     |     |     |  |
| Facilities             | 25 Rodents/ Insects  |     |     |     |  |
|                        | 26 Animal/ Fowl      |     |     |     |  |
|                        | 27 Ventilation       |     |     |     |  |
|                        | 28 Doors             |     |     |     |  |
|                        | 29 Floors            |     |     |     |  |
|                        | 30 Walls - Ceilings  |     |     |     |  |
|                        | 31 Toilet Fac.       |     |     |     |  |
| Misc.                  | 32 Janitorial Fac.   |     |     |     |  |
|                        | 33 Lighting          |     |     |     |  |
|                        | 34 Clothing - Linen  |     |     |     |  |
|                        | 35 Signs             |     |     |     |  |
|                        | 36 Misc.             |     |     |     |  |

|   |  |
|---|--|
| MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site |  |
| Received By (Print): <u>C.J. Kendall</u>                                    | Received By (Signature): <u>[Signature]</u> Date: <u>5/17/23</u> |
| REHS (Print): <u>David Jackson</u>  | REHS (Signature): <u>[Signature]</u> Phone: _____                |