

Food Program Official Inspection Report

Siskiyou County Community Development Department Environmental Health Division 806 S. Main Street Yreka, California 96097 phone: (530) 841-2100, fax: (530) 841-4076

Facility	Facility Name: Ross Market 000396								
Address: 440 E St Tulelake CA 96134									
Permit	Permit Holder: Leah Ross								
Phone: 530-667-2202 E-mail: nana@cot.net									
Food S	Food Safety Cartified Employee:								
	MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:								
<u> </u>	1	Food Temp.	IVIAJ	X	X	The marked items represent realth Code violations and must be conected as follows.			
n Time/ Temp	2	Prep./ Service		~	~	ROUTINE INSPECTION CONDUCTED ON THIS DATE			
	3	Storage/ Disp.							
	4	Frozen Food				1)Observed prepared sandwiches at 47 F. Keep prepared cold foods at 41 F or below.			
	5	Pure Food				Move sandwiches to a working walk-in refrigeration unit.			
otec	6	Reused Food							
Pro	7	Transportation							
0	8	Storage Fac.							
rage	9	Refrig. Units							
Sto	10	Thermometer							
Food Storage	11	Hazardous Mat.							
Ľ.	12	Spoils							
ġ	13	Wash/ Sanitize							
Uten./Equip.	14	Equip. Condition							
en./	15	Utensil Condition							
Ę	16	Storage							
e	17	Handwashing							
oye	18	Employee Hygiene							
Employee	19	Employee Habits							
ш	20	Food Cert./ Card							
Water		Water							
Ň		Cross Con.							
Waste		Liquid Waste							
Ň	24	Refuse							
Vermin		Rodents/ Insects							
Ve	26	Animal/ Fowl							
	27	Ventilation							
es	28	Doors							
Facilities	-	Floors							
Fа									
		Toilet Fac.							
	32	Janitorial Fac.							
		Lighting							
Misc.		Clothing - Linen							
Σ		Signs							
MA I -		Misc.			of cor	apliance COS = Corrected on-site			
	MAJ = Major violation OUT = Out of compliance COS = Corrected on-site Received By (Print): Received by (Signature): Date:								
Leah Ross 7/27/2023									
REHS (Print): REHS (Signature): Phone: 530-841-2117									

Facility Name:	Ross Market		
	The marked items	represent Health Code violations and must	be corrected as follows:
Received By (Print):		Received by (Signature):	Date:
Le	ah Ross	,	7/27/2023
REHS (Print):		REHS (Signature):	Phone:
Alexa Ro	oche		530-841-2117
Page 2			

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	The marked items represent Health Code violations and must be corrected a	s follows:
	x	
Received By (Print):	Received by (Signature):	Date:
	h Ross	7/27/2023
REHS (Print):	REHS (Signature):	Phone:
Alexa R		530-841-2117
Page 3		

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		с.	
Received By (Print):	h Deee	Received by (Signature):	Date:
	h Ross		7/27/2023
REHS (Print): Alexa Ro	ache	REHS (Signature):	Phone: 530-841-2117
Page 4			00-041-2117