

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: Erickson Valero Permit # 000221							
Addres		56 S Weed Blv			CA			
Permit Holder: Dennis Erickson Permit To Operate O Valid O N								
Phone	:	530-938-4434				E-mail:		
Food S	Safe	ty Certified Employ	/ee: E	Brend	la S	edin	Expiration	Date: 11/2028
				OUT		The marked items represent Health Code	violations and must be corrected	
Protection Time/ Temp.	1	Food Temp.					I CONDUCTED ON THIS DA	
	2	Prep./ Service						
	3	Storage/ Disp.						
	4	Frozen Food				SATISFACTORY		
	5	Pure Food				OATIOI ACTORT		
	6	Reused Food						
		Transportation						
Food Storage	8	Storage Fac.						
	9	Refrig. Units	<u> </u>					
		Thermometer						
Foo		Hazardous Mat.	<u> </u>					
		Spoils						
uip.		Wash/ Sanitize						
Uten./Equip.	-	Equip. Condition						
Jten		Utensil Condition						
		Storage						
9		Handwashing						
Employee		Employee Hygiene						
Em		Employee Habits	-					
Ļ.		Food Cert./ Card Water	-					
Water		Cross Con.						
о О		Liquid Waste						
Waste		Refuse	1					
ı. V		Rodents/ Insects	1					
Vermin		Animal/ Fowl	1					
		Ventilation						
		Doors						
Facilities		Floors						
-aci		Walls - Ceilings						
		Toilet Fac.						
	-	Janitorial Fac.						
	33	Lighting						
(i		Clothing - Linen	П					
Misc.		Signs						
		Misc.						
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site								
Received By (Print): Received by (Signature): Date: Stacey Davasher 1/11/2024								
REHS (Print): REHS (Signature): Phone: 530-841-2117								

Facility Name:	Erickson Valero	
	The marked items represent Health Code violations a	and must be corrected as follows:
Received By (Print):	Received by (Signature):	Date:
St	acey Davasher	1/11/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Erickson Valero	
	The marked items represent Health Code violations and must be corrected as follows:	
•		
Received By (Print):	Received by (Signature):	ate:
Stace	ey Davasher	1/11/2024
RFHS (Print)	REHS (Signature):	none:

530-841-2117

Alexa Roche

Facility Name:	Erickson Valero						
	The marked items re	epresent Health Code violations and must be	e corrected as follows:				
	cey Davasher	Received by (Signature):	Date: 1/11/2024				
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phone: 530-841-2117				