## 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   | / Na  | me: 3 J Truck             | Permit # 000087 |          |        |   |  |
|--|-------|---------------------------|-----------------|----------|--------|---|--|
| Addre  | ss:   | 338 Hwy A-12              | Gren            | ada      | , CA   | 96038   |  |
| Permit   | Hol   | <sup>der:</sup> Grenada C | il Inc          |          |        | Permit To Operate:    Valid  Not Valid  |  |
| Phone  | : 5   | 530-436-2208              |                 |          |        | E-mail: grenadashell@gmail.com  |  |
| Food S   | Safet | ty Certified Employ       | /ee: ^          | mv.      | 7ittle |   |  |
|  |       |                           |                 |          | COS    | The marked items represent Health Code violations and must be corrected as follows:   |  |
| Protection Time/ Temp.                           | 1     | Food Temp.                | MAJ             | X        | X      | ·   |  |
|  | _     | Prep./ Service            |                 |          |        | ROUTINE INSPECTION CONDUCTED ON THIS DATE   |  |
|  |       | Storage/ Disp.            |                 |          |        |   |  |
|  |       | Frozen Food               |                 |          |        | 2) Observed hot dogs at 98 F. Keep hot foods at 135 F or hire. Corrected on-site.   |  |
|  | _     | Pure Food                 |                 |          |        | 40) 01/2 10/2 01  |  |
| tect   |       | Reused Food               |                 |          |        | 16) 2ND NOTICE: Observed pizza oven and ninja air fryer without a hot. In the California F<br>Code, 114149.1 (a), a mechanical exhaust ventilation equipment shall be provided over all |  |
| Pro  |       | Transportation            |                 |          |        | equipment as required to effectively remove odors, smoke, grease, heat, and vapors. Remove from   |  |
|  |       | Storage Fac.              |                 |          |        | facility. Remove from facility.   |  |
| age  | -     | Refrig. Units             |                 |          |        |   |  |
| Food Storage                                     | _     | Thermometer               |                 | -        |        | 20) Employees hired within the first 30 days of employment shall obtain a Food Handlers card.   |  |
| poo  | 11    | Hazardous Mat.            |                 |          |        | 30) Observed inactive water leaks from the ceiling in the food preparation areas, and the water is  |  |
| Щ  |       | Spoils                    |                 |          |        | accumulating right besides surfaces used for food preparation. Active leaks pose a threat to the  |  |
| á  |       | Wash/ Sanitize            |                 |          |        | safety of the food preparation areas and increases the potential for food contamination risks.  |  |
| :aui   | 14    | Equip. Condition          |                 |          |        | Repair immediately in order to prevent future facility closer.  |  |
| Uten./Equip.                                     | 15    | Utensil Condition         |                 |          |        |   |  |
| Ţ  |       | Storage                   |                 | X        |        |   |  |
| <b>(1)</b>                                       | 17    | Handwashing               |                 |          |        |   |  |
| )ye  | 18    | Employee Hygiene          |                 |          |        |   |  |
| Employee   | 19    | Employee Habits           |                 |          |        |   |  |
| Ш  | 20    | Food Cert./ Card          |                 | X        |        |   |  |
| Water  | 21    | Water                     |                 |          |        |   |  |
|  | 22    | Cross Con.                |                 |          |        |   |  |
| Waste  | 23    | Liquid Waste              |                 |          |        |   |  |
| Wa   | 24    | Refuse                    |                 |          |        |   |  |
| Vermin   | 25    | Rodents/ Insects          |                 |          |        |   |  |
| Ver  | 26    | Animal/ Fowl              |                 |          |        |   |  |
|  | 27    | Ventilation               |                 |          |        |   |  |
| SS   | 28    | Doors                     |                 |          |        |   |  |
| Facilities                                       | 29    | Floors                    |                 |          |        |   |  |
|  | 30    | Walls - Ceilings          |                 | Χ        |        |   |  |
|  | 31    | Toilet Fac.               |                 |          |        |   |  |
|  | 32    | Janitorial Fac.           |                 |          |        |   |  |
|  |       | Lighting                  | Ш               |          |        |   |  |
| Misc.  | 34    | Clothing - Linen          | Ш               |          |        |   |  |
|  | 35    | Signs                     |                 |          |        |   |  |
| N 4 A . '  |       | Misc.                     |                 | <u> </u> |        | OOC Corrected on eite   |  |
|  |       | or violation C            | JUI =           | out o    | or con | pliance COS = Corrected on-site  Received by (Signature): Date:   |  |
|  |       | Sabrina                   | Woo             | druf     | ff     | 1/12/2024   |  |
| REHS (Print): REHS (Signature): Phone: 530-841-2 |       |                           |                 |          |        |   |  |

| Facility Name: 3 J Truc | ck Stop  |                      |
|-------------------------|--|----------------------|
| The m                   | arked items represent Health Code violations and must be c | orrected as follows: |
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| Received By (Print):    | Received by (Signature):                                   | Date:                |
| Sabrina Wo              | podruff  | 1/12/2024            |
| REHS (Print):           | REHS (Signature):  | Phone:               |

530-841-2117

Alexa Roche

| Facility Name:                | 3 J Truck Stop  |                 |  |  |  |  |  |  |  |
|-------------------------------|---|-----------------|--|--|--|--|--|--|--|
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| Received By (Print):<br>Sabri | Received by (Signature): na Woodruff  | Date: 1/12/2024 |  |  |  |  |  |  |  |
| REHS (Print):                 | REHS (Signature):   | Phone:          |  |  |  |  |  |  |  |

530-841-2117

Alexa Roche

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| Received By (Print):          | Received by (Signature):                          | Date:                  |  |  |  |  |  |  |
| Sabrina Woodruff              |   | 1/12/2024              |  |  |  |  |  |  |
| REHS (Print): Alexa Roche     | REHS (Signature):                                 | Phone:<br>530-841-2117 |  |  |  |  |  |  |