

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: Starbucks | - We | eed | | Permit # 000438 | | | | | |
|---|---|-------------------|--------|-------|--------|---|--|--|--|--|--|
| Addres | s: | 1855 Shastina | | | 4 C V | | | | | | |
| Permit | | | וטו, י | vvee | u CP | Permit To Operate: | | | | | |
| Cillin | 1101 | Valley Star | s Pa | rtner | s, Ll | LC Mark Engstrom Valid Not Valid | | | | | |
| Phone: | Ę | 530-938-4910 | | | | E-mail: | | | | | |
| Food Safety Certified Employee: Morgan Ostergren Expiration Date: 02/2028 | | | | | | | | | | | |
| | MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows: | | | | | | | | | | |
| Ö. | 1 | Food Temp. | | | | ROUTINE INSPECTION CONDUCTED ON THIS DATE | | | | | |
| Time/ Temp | 2 | Prep./ Service | | | | ROOTINE INCITED TO THE BATTE | | | | | |
| | 3 | Storage/ Disp. | | | | | | | | | |
| | 4 | Frozen Food | | | | 13) Observed buckets of sanitizer in the drink preparation not between 100-200 ppm for QAC. | | | | | |
| ion | 5 | Pure Food | | | | Utilize test strips and corrected on-site. | | | | | |
| tect | 6 | Reused Food | | | | 30) Observed water accumulating in buckets due to inactive ceiling leaks near the food and dri | | | | | |
| Pro | 7 | Transportation | | | | preparation areas. Active leaks pose a threat to safety of food and drink preparation areas and | | | | | |
| Φ | | Storage Fac. | | | | increases the potential for food contamination risks. Repair immediately in order to prevent future | | | | | |
| age | | Refrig. Units | | | | facility closer. | | | | | |
| Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp. | | Thermometer | _ | | | | | | | | |
| | | Hazardous Mat. | | | | | | | | | |
| | | Spoils | | | | | | | | | |
| n./Equip. | | Wash/ Sanitize | | X | X | | | | | | |
| | | Equip. Condition | | | | | | | | | |
| | | Utensil Condition | | | | | | | | | |
| Ute | | Storage | | | | | | | | | |
| | | Handwashing | | | | | | | | | |
| yee | | Employee Hygiene | | | | | | | | | |
| oldu | | Employee Habits | | | | | | | | | |
| ъ | | Food Cert./ Card | | | | | | | | | |
| ter | 21 | Water | | | | | | | | | |
| cilities Vermin Waste Water Employee Uten./Equip. | 22 | Cross Con. | | | | | | | | | |
| B S Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp. | 23 | Liquid Waste | | | | | | | | | |
| Wa | 24 | Refuse | | | | | | | | | |
| | 25 | Rodents/ Insects | | | | | | | | | |
| Veri | 26 | Animal/ Fowl | | | | | | | | | |
| | 27 | Ventilation | | | | | | | | | |
| S | 28 | Doors | | | | | | | | | |
| ilitie | 29 | Floors | | | | | | | | | |
| Fac | 30 | Walls - Ceilings | | X | | | | | | | |
| | 31 | Toilet Fac. | | | | | | | | | |
| | 32 | Janitorial Fac. | | | | | | | | | |
| | 33 | Lighting | | | | | | | | | |
| Misc. | | Clothing - Linen | | | | | | | | | |
| | 35 | Signs | | | | | | | | | |
| | | Misc. | | | | | | | | | |
| | | | UT = | Out | of con | apliance COS = Corrected on-site | | | | | |
| Received By (Print): Received by (Signature): Date: Taylor Douglas 1/24/2024 | | | | | | | | | | | |
| REHS (Print): RE Alexa Roche | | | | | _ | REHS (Signature): Phone: 530-841-2117 | | | | | |

| Facility Name: | Starbucks - Weed | | |
|---------------------------|----------------------|--|--------------------------|
| | The marked items rep | resent Health Code violations and must b | pe corrected as follows: |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | ylor Douglas | Received by (Signature): | Date: 1/24/2024 |
| REHS (Print): Alexa Ro | | REHS (Signature): | Phone: 530-841-2117 |

| Facility Name: | Starbucks - Weed | |
|------------------------|---|--------------------|
| | The marked items represent Health Code violations and must be corrected as follows: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Received By (Print): | Received by (Signature): | ate: |
| I ayl REHS (Print): | or Douglas REHS (Signature): Pr | 1/24/2024 none: |

530-841-2117

Alexa Roche

| Facility Name: | Starbucks - Weed | |
|-----------------------------|---|--------------------|
| | The marked items represent Health Code violations and must be corrected as follow | s: |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Received By (Print): Tay | Received by (Signature): vlor Douglas | Date: 1/24/2024 |
| REHS (Print): | | Phone: |

530-841-2117

Alexa Roche