



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 Name: Jacks Dogs	Permit # 000280
Address: 1289 S Main Street Yreka CA 96097	
Permit Holder: Sandra Nolen	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-643-3415	E-mail: sandynolen1961@yahoo.com
Food Safety Certified Employee: Sandra Nolen	Expiration Date: 05/2026

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			
	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.			
	12	Spoils			
Uten./Equip.	13	Wash/ Sanitize			
	14	Equip. Condition			
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
	20	Food Cert./ Card			
Water	21	Water			
	22	Cross Con.			
Waste	23	Liquid Waste			
	24	Refuse			
Vermin	25	Rodents/ Insects			
	26	Animal/ Fowl			
Facilities	27	Ventilation			
	28	Doors			
	29	Floors			
	30	Walls - Ceilings			
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

ROUTINE INSPECTION CONDUCTED ON THIS DATE

29) Observed the paint finishes on the cement is peeling. Observed the VCT tiles shifting, causing cracks between the tiles. Resurface the floors to be smooth, easily cleanable, nonabsorbent, and durable in construction. Repair within 90 days.

30) Observed holes in the ceiling in the warewashing area. Observed a cardboard covering a large hole where an exhaust system was located. Ensure all walls and ceiling surfaces to be smooth, durable, easily clean, and nonabsorbent. Repair within 30 days.

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Sandra Nolen	Received by (Signature): _____ Date: 02/01/2024
REHS (Print): Chalyn Dewey	REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Jacks Dogs

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Sandra Nolen

Received by (Signature):

Date:

02/01/2024

REHS (Print):

Chalyn Dewey

REHS (Signature):

Phone:

530-841-2112

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