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:} Siskiyou F | ood I | ∕lart \ | alero | Permit # 000429 |
|--|-------------|---------------------------|-----------|----------------------|--|---|
| Addres | SS: | 1802 Fort Jon | | | | |
| Permit Holder: Dennis Erickson Permit To Operate: Valid Not Valid | | | | | | |
| 530-642-3065 GEDDIE GEDIE GEDDIE GEDDIE GEDDIE GEDDIE GEDDIE GEDDIE GEDDIE GEDDIE GEDD | | | | | | |
| Food Safety Certified Employee: Wendy Whittaker Expiration Date: 03/2024 | | | | | | |
| MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows: | | | | | | |
| Ġ. | 1 | Food Temp. | | X | The marked items represent reality odde violations at | ind must be corrected as follows. |
| dwe | | Prep./ Service | t | $\stackrel{\sim}{+}$ | ROUTINE INSPECTION CON | NDUCTED ON THIS DATE |
| e/ T | _ | Storage/ Disp. | | \times | 1) Observed abjeken akawara abjeken tandar and m | poin notatoon at 100E 122E. Hold all |
| ΤiΒ | | Frozen Food | | , , | 1) Observed chicken skewers, chicken tender, and m hot foods at 135 F or higher. Voluntarily discarded. | lojo potatoes at 109F-122F. Hold all |
| tion | 5 | Pure Food | | | | |
| otec | 6 | Reused Food | | | Observed boxes of chicken stored on the ground i | in the walk-in freezer. Store all foods |
| Pro | 7 | Transportation | | | 6" off the floor. Correct immediately. | |
| Water Employee Uten./Equip. Food Storage | 8 | Storage Fac. | | | 13) Observed buildup of dust on the compressor's fa | n quard in the walk-in refrigerator |
| | 9 | Refrig. Units | | X | Protect food against contamination. Clean and sanitize | |
| Sto | 10 | Thermometer | | | instructions immediately. | |
| 000- | 11 | Hazardous Mat. | | X | 44) Observed direct tons are used the adventional to the | a scalle in matrice matern. Also |
| | 12 | Spoils | | | 14) Observed duct tape around the door handle to the observed a broken door seal. Maintain equipment in | |
| Eoglities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp. | 13 | Wash/ Sanitize | | × | observed a broken door seal. Maintain equipment in | good repair. Repair Willin 90 days. |
| | 14 | Equip. Condition | | X | 14) Observed a build-up of ice around the compress | |
| ten. | | Utensil Condition | | | Maintain the unit as to be fully operable and in good | repair. Correct immediately. |
| Ute | 16 | Storage | | | 44) Observed a serie of demonstrative inscription (in 11st C | hat Don Killan) in the cabinat halan |
| Φ | 17 | Handwashing | | | 11) Observed a can of domestic insecticide (ie Hot S the self-serve soda machine. Facility is not permitted | |
| loye | _ | Employee Hygiene | | | for food facilities. Discontinue use and remove imme | |
| dw : | | Employee Habits | | | | ,· |
| Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp. | _ | Food Cert./ Card | | | Observed a buildup of food on the bottom and rac | |
| | | | | _ | kitchen. Clean and sanitize according to manufacture | ers specification immediately. |
| Waste Water Employee | | Cross Con. | | | 14) Observed a build up of dust and grease on the ex | vhaust hood in the kitchen Maintain |
| | | Liquid Waste | | | unit in a clean manner and fully operable. Correct im | |
| <u> </u> | | | | _ | _ | , |
| rmir | | Rodents/ Insects | | | 14) Observed buildup of food residue in the meat/del | |
| > | Tess: 180 | Animal/ Fowl | \Box | | (including between cracks and below) is cleaned and | sanitized. Correct immediately. |
| Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage | | Ventilation | - | | 30) Observed buildup of grease on the walls next to | the range Maintain all walls in the |
| | | | - | | food facility in a clean manner at all times. Correct im | |
| acilit | _ | | ш | | - ´ | , |
| Б | | Walls - Ceilings | ш | × | _ | |
| | | Toilet Fac. | | _ | 4 | |
| | | Janitorial Fac. | | _ | 4 | |
| | | | | _ | 4 | |
| Misc. | | Clothing - Linen | | _ | 4 | |
| | | _ | | _ | - | |
| ΜΔΙ | | |) IIT = (| Out of a | ompliance COS = Corrected on-site | |
| | | | JU1 = (| Jul OI (| Received by (Signature): | Date: |
| Wolfy Robert 02/01/2024 | | | | | | |
| REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112 | | | | | | |

| Facility Name: | Siskiyou Food Mart Valero | |
|---------------------------|---|-----------------------|
| | The marked items represent Health Code violations and must be corrected as follows: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Received By (Print): | | ate: |
| | olfy Robert | 02/01/2024 |
| REHS (Print): Chalyn D | REHS (Signature): Pt | none: 530-841-2112 |
| , | • | |

| Facility Name: | Siskiyou Food Mart Valero | |
|------------------------------|---|----------------------|
| | The marked items represent Health Code violations and must be corrected as follows: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Received By (Print): Wolf | Received by (Signature): Dar fy Robert | te: 02/01/2024 |
| REHS (Print): Chalyn I | | one: 530-841-2112 |

| Facility Name: | Siskiyou Food Mart Valero | |
|---------------------------|---|------------------------|
| | The marked items represent Health Code violations and must be corrected as fo | llows: |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | lfy Robert | Date: 02/01/2024 |
| REHS (Print): Chalyn [| REHS (Signature): Dewey | Phone: 530-841-2112 |