



### 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: <b>Chevron - Hornbrook</b>            | Permit # <b>000261</b>   |
| Address: <b>114 Copco Road, Hornbrook, CA, 96044</b> |  |
| Permit Holder: <b>Narncar Darshan Inc.</b>           | Permit To Operate:<br><input checked="" type="radio"/> Valid <input type="radio"/> Not Valid |
| Phone: <b>530-475-3448</b>                           | E-mail: <b>singhran27@yahoo.com</b>  |
| Food Safety Certified Employee: <b>N/A</b>           | Expiration Date:   |

|                        |    | MAJ | OUT | COS |  |
|------------------------|----|-----|-----|-----|--|
|                        |    |     |     |     | The marked items represent Health Code violations and must be corrected as follows:  |
| Protection Time/ Temp. | 1  |     | X   |     | <p style="text-align: center; margin: 0;"><b>ROUTINE INSPECTION CONDUCTED THIS DATE</b></p> <p>1) Observed several foods held in reach-in cooler at the bar @ 45 degrees F. Ensure all cold food is held @ 41 degrees F. Eliminate stacking the items to close to the door.</p> <p>9) Observed a broken seal around the door to the unit mentioned above. Maintain all equipment in good repair and fully operable. Repair or correct within 90 days.</p> <p>13) Observed excessive build-up of slime inside the ice machine. Maintain equipment as to be clean and serviceable at all times. Discard ice and clean equipment in accordance with manufacturer's instructions. Correct asap.</p> <p>14) Observed bare wood or damaged finishes to wooden blocks used as a stand for both the ice machine and handwashing sink. Ensure the finishes to wood surfaces to be nonabsorbent, easily cleanable, durable, and smooth. Correct asap.</p> <p>17) Observed no paper towels in the dispenser at the handwashing station. All handwashing stations require hot water, pump soap, and single-use paper towels in a dispenser at all times. Replace paper towels immediately.</p> |
|                        | 2  |     |     |     |  |
|                        | 3  |     |     |     |  |
|                        | 4  |     |     |     |  |
|                        | 5  |     |     |     |  |
|                        | 6  |     |     |     |  |
|                        | 7  |     |     |     |  |
| Food Storage           | 8  |     |     |     |  |
|                        | 9  |     | X   |     |  |
|                        | 10 |     |     |     |  |
|                        | 11 |     |     |     |  |
| Uten./Equip.           | 12 |     |     |     |  |
|                        | 13 |     | X   |     |  |
|                        | 14 |     | X   |     |  |
|                        | 15 |     |     |     |  |
| Employee               | 16 |     |     |     |  |
|                        | 17 |     | X   |     |  |
|                        | 18 |     |     |     |  |
|                        | 19 |     |     |     |  |
| Water                  | 20 |     |     |     |  |
|                        | 21 |     |     |     |  |
|                        | 22 |     |     |     |  |
|                        | 23 |     |     |     |  |
| Waste                  | 24 |     |     |     |  |
|                        | 25 |     |     |     |  |
| Vermin                 | 26 |     |     |     |  |
|                        | 27 |     |     |     |  |
| Facilities             | 28 |     |     |     |  |
|                        | 29 |     |     |     |  |
|                        | 30 |     |     |     |  |
|                        | 31 |     |     |     |  |
|                        | 32 |     |     |     |  |
|                        | 33 |     |     |     |  |
| Misc.                  | 34 |     |     |     |  |
|                        | 35 |     |     |     |  |
|                        | 36 |     |     |     |  |

|   |
|---|
| MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site                                 |
| Received By (Print): <b>Karnbir Singh Walia</b> Received by (Signature): _____      Date: <b>02/13/2024</b> |
| REHS (Print): <b>Chalyn Dewey</b> REHS (Signature): _____      Phone: <b>530-841-2112</b>                   |

**Facility Name:** Chevron - Hornbrook

The marked items represent Health Code violations and must be corrected as follows:

[Empty area for listing health code violations and correction details]

|   |                          |                     |
|---|--------------------------|---------------------|
| Received By (Print):<br>Karnbir Singh Walia | Received by (Signature): | Date:<br>02/13/2024 |
|---|--------------------------|---------------------|

|                               |                   |                        |
|-------------------------------|-------------------|------------------------|
| REHS (Print):<br>Chalyn Dewey | REHS (Signature): | Phone:<br>530-841-2112 |
|-------------------------------|-------------------|------------------------|

**Facility Name:** Chevron - Hornbrook

The marked items represent Health Code violations and must be corrected as follows:

[Empty area for listing health code violations and correction details]

|   |                          |                     |
|---|--------------------------|---------------------|
| Received By (Print):<br>Karnbir Singh Walia | Received by (Signature): | Date:<br>02/13/2024 |
|---|--------------------------|---------------------|

|                               |                   |                        |
|-------------------------------|-------------------|------------------------|
| REHS (Print):<br>Chalyn Dewey | REHS (Signature): | Phone:<br>530-841-2112 |
|-------------------------------|-------------------|------------------------|

**Facility Name:** Chevron - Hornbrook

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print):  
Karnbir Singh Walia

Received by (Signature):

Date:  
02/13/2024

REHS (Print):  
Chalyn Dewey

REHS (Signature):

Phone:  
530-841-2112