## Food Program Official Inspection Report



34 Clothing - Linen35 Signs36 Misc.

Siskiyou County Community Development Department Environmental Health Division 806 S. Main Street Yreka, California 96097

		ZIFOR.				rieka, California 90097			
						phone: (530) 841-2100, fax: (530) 841-4076			
Facility Name: Chevron- Yreka Permit # 000339									
Addres	s:	200 N Main St	., Yr	eka,	CA	96097			
Permit						Permit To Operate:			
Phone	Ę	530-842-6882				E-mail: yrekachevron@mtcounties.com			
Food S		ty Certified Employ	/ee: N			Expiration Date:			
				OUT	cos	The marked items represent Health Code violations and must be corrected as follows:			
	1	Food Temp.	1717 10	X	000				
Protection Time/ Temp.	-	Prep./ Service	$\vdash$	$\vdash$	$\square$	ROUTINE INSPECTION CONDUCTED THIS DATE			
,T /e	H	Storage/ Disp.	$\vdash \vdash$	$\vdash$	$\square$	1) Observed numerous cold feeds in display cooler in front of entrance measuring			
Tim		Frozen Food	$\vdash \vdash$	$\vdash \vdash \vdash$	$\square$	<ol> <li>Observed numerous cold foods in display cooler in front of entrance measuring at 47-52F. Hold all cold food at 41F or below. Voluntarily discarded.</li> </ol>			
uoi		Pure Food	$\vdash \vdash$	$\vdash \vdash \vdash$	$\square$	at 47-32F. Hold all cold lood at 41F of below. Voluntarily discarded.			
tect	-	Reused Food	$\vdash \vdash$	$\vdash$	$\square$				
Pro	H	Transportation	$\vdash \vdash$	$\vdash$	$\square$	24) Observed excessive waste (plastics cups, straws, napkins) and food debris buidup			
	1	Storage Fac.	$\vdash \vdash$	$\vdash \vdash \vdash$	$\square$	behind the trash bin, in the cabinet underneath the soda machine. Maintain facility in a			
age	$\vdash$	Refrig. Units	$\vdash \vdash$	$\vdash$	$\square$	clean manner to prevent harborage of vermin. Correct immediately. 2ND NOTICE.			
Stor	-	Thermometer	╀─┦	+	$\square$				
Food Storage	H	Hazardous Mat.	$\vdash \vdash$	$\vdash \vdash \vdash$	$\square$				
Ъ.	-	Spoils	$\vdash \vdash$	$\longmapsto$	$\vdash \vdash$				
		Wash/ Sanitize	$\vdash \vdash$	$\longmapsto$	$\vdash \vdash$				
quip	$\vdash$	Equip. Condition	$\vdash \vdash$	$\longmapsto$	$\vdash\vdash$	Note: Hand-washing station is currently located within the 3 compartment sink.			
Uten./Equip.	$\vdash$	Utensil Condition	$\vdash$	$\longrightarrow$	$\vdash\vdash$				
Uter	-	Storage	├─	$\longmapsto$	${igspace}$				
			$\vdash \vdash$	$\longmapsto$	${igspace}$				
уeе	-	Handwashing Employee Hygiene	├─	$\longmapsto$	${igspace}$				
Employee	$\vdash$	Employee Habits	├─	$\vdash \vdash \vdash$	$\vdash \vdash$				
Εm		Food Cert./ Card	├─	$\vdash \vdash \vdash$	$\vdash \vdash$				
<u></u>		Water	├─	$\longmapsto$	${igspace}$				
Water	$\vdash$	Cross Con.	├─	$\vdash \vdash \vdash$	$\vdash \vdash$				
	H	Liquid Waste	├─	$\longmapsto$	${igspace}$				
Waste	-	Refuse	├─	X	$\vdash \vdash$				
		Rodents/ Insects	$\vdash\vdash$	$\vdash \cap$	${igaphi}$				
Vermin		Animal/ Fowl	$\vdash\vdash$	$\vdash$	$\vdash \vdash$				
>		Ventilation	$\vdash \vdash$	$\vdash$	$\square$				
		Doors	H	X	$\square$				
ities		Floors	$\vdash \vdash$		$\square$				
Facilities	$\vdash$	Walls - Ceilings	$\vdash$	$\vdash$	$\square$				
ιĽ		Toilet Fac.	$\vdash$	$\vdash$	$\square$				
	$\vdash$	Janitorial Fac.	$\vdash$	$\vdash$	$\square$				
	-	Lighting	H	$\vdash$	$\square$				
,	<u> </u>	Lighting		4 )					

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site

Received By (Print): Received by (Signature): Date:

O2/13/2024

REHS (Print): REHS (Signature): Phone:

Challyn Dewey 530-841-2112

Facility Name: Chevron-	Yreka	
The mar	rked items represent Health Code violations and must be cor	rected as follows:
Received By (Print):	Received by (Signature):	Date:
Geordan Ken		02/13/2024
REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112
- · · · · · · · · · · · · · · · · · · ·		

Facility Name:	Chevron- Yreka	
	The marked items represent Health Code violations and must be corrected as follow	vs:
Received By (Print):	Received by (Signature):	Date:
	ordan Kent	02/13/2024
REHS (Print): Chalyn	REHS (Signature): Dewey	Phone: 530-841-2112

Facility Name:	Chevron- Yreka		
	The marked items represe	ent Health Code violations and must be	corrected as follows:
		Descripted by (O'markers)	
	ordan Kent	Received by (Signature):	Date: 02/13/2024
REHS (Print): Chalyn [	Dewey	REHS (Signature):	Phone: 530-841-2112