## **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	Facility Name: Speedway Express Permit # 000357							
Addres	SS:	735 N Main St	Yrek	a CA 9	6097			
Permit	Permit Holder:  Multisite Management LLC  Permit To Operate:  • Valid • Valid • Not Valid							
Phone	: 5	30-842-6539			E-mail: 832@porters.us.com			
Food S	Safet	y Certified Employ	ee: N	/A	<u>.                                    </u>	Expiration	Date:	
			MAJ		The marked items represent Health Code violations and mu	st be corrected	as follows:	
ď.	1	Food Temp.		X				
_em	2	Prep./ Service			ROUTINE INSPECTION CONDUC	STED ON I	HIS DATE	
Protection Time/ Temp.	3	Storage/ Disp.			1) Observed numerous cold foods (burritos, dairies, microwa	owaveable b		
	4	Frozen Food			sandwiches) at 58F at the standup display refrigerator. Ke			
	5	Pure Food			Correct immediately.	·		
	6	Reused Food			0.01			
Food Storage Pro	7	Transportation			<ul> <li>9) Observed the standup display case mentioned above r temperature and dust buildup on the compressor unit. Ma</li> </ul>			
	8	Storage Fac.			repair and fully operable. Correct immediately.	iiilaiii liie ie	alli the reingerator in good	
	9	Refrig. Units		X	Topan and rany operation contest immediatory.			
Sto	10	Thermometer		X	10) Observed facility do not have a temperature measurir			
900	11	Hazardous Mat.			display thermometer or hanging thermometer on the top s	shelf. Obtain	a hand-held	
ΙĹ	12	Spoils			temperature device immediately.			
ĕ	13	Wash/ Sanitize		X	13) Observed paper towel not in a dispenser. Ensure all h	Observed paper towel not in a dispenser. Ensure all handwashing facilitie	n facilities are	
Uten./Equip.	14	Equip. Condition			constantly supplied with hot water, pump soap, and single			
en./	15	Utensil Condition			dispenser. Correct immediately.			
Ď	16	Storage			T.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Φ	17	Handwashing			29) Observed the 3 compartment sink and dishwasher draining into			
Employee	18	Employee Hygiene			1" air gap. Ensure these pipes are drained indirectly with lip of the lip of the floor sink. Repair or correct within 90 days		air gap above the	
ld m	19	Employee Habits				ayo.		
Ш	20	Food Cert./ Card			29) Observed breaks, cracks and damages to floors throu			
Water	21	Water			customer service area, back of the house). Maintain floors			
	22	Cross Con.			durable, smooth, and nonabsorbent. Provide floor materia			
Waste	23	Liquid Waste			installation for approval. Repair or replace within the next	xt 60 days. 2ND NOTICE.		
	24	Refuse						
'nin	25	Rodents/ Insects			<u>_</u>			
Verm	26	Animal/ Fowl			<u>_</u>			
	27	Ventilation			<u>_</u>			
S	28	Doors			<u>_</u>			
Facilities	29	Floors	Ш	X	<u>_</u>			
Б	30	Walls - Ceilings			<u>_</u>			
	31	Toilet Fac.	Ш					
	32	Janitorial Fac.	Ш		<u>_</u>			
		Lighting			_			
SC.		Clothing - Linen			_			
Misc.	35	Signs	Щ		4			
N44 :		Misc.		0	L COS Come to be a little			
		or violation C  / (Print):	)UI =	Out of C	ompliance COS = Corrected on-site  Received by (Signature):	Date:		
	رت ۵۰	Kimberl	y Bol	den	ricourted by (digitaturo).		20/2024	
REHS (	Print	): Chalyn Dewe	еу		REHS (Signature):	Phone: 53	0-841-2112	

Facility Name:	Speedway Express	
	The marked items represent Health Code violations and must be corrected as follows:	DWS:
Received By (Print):	Received by (Signature):	Date:
	mberly Bolden	02/20/2024
REHS (Print): Chalyn D	REHS (Signature): Dewey	Phone: 530-841-2112

Facility Name:	Speedway Express		
		epresent Health Code violations and must be co	orrected as follows:
		Desired by (C)	
	perly Bolden	Received by (Signature):	Date: 02/20/2024
REHS (Print): Chalyn [	Dewey	REHS (Signature):	Phone: 530-841-2112

Facility Name:	Speedway Express	
	The marked items represent Health Code violations and must be corrected as follows:	
Received By (Print): Kim	Received by (Signature): Danberly Bolden	nte: 02/20/2024
REHS (Print): Chalyn D	REHS (Signature): Pr Dewey	one: 530-841-2112