

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: Subway - North Weed Permit # 000447								000447			
Addres		86 N Weed Blv				96094					
Permit	Permit Holder: Shelly Chiles Permit To Operate: Valid Not Valid										
Phone	: ,	-				E-mail:	X Valid	Not Valid			
	•	530-938-9750	.00.				Expiration	n Date:			
F000 3	baie	ty Certified Employ					•	02/2026			
	_		MAJ	OUT	COS	The marked items represent Health Code viol	lations and must be corrected	d as follows:			
Protection Time/ Temp.		Food Temp.				ROUTINE INSPECTION	N CONDUCTED ON THIS	S DATE			
		Prep./ Service									
	_	Storage/ Disp.									
		Frozen Food				SATISFACTORY AT PRESENT TIME					
		Pure Food									
		Reused Food									
ш	_	Transportation									
Food Storage		Storage Fac.									
	_	Refrig. Units Thermometer	-								
		Hazardous Mat. Spoils									
_		Wash/ Sanitize									
quip		Equip. Condition									
Uten./Equip.											
Ute	_	Utensil Condition Storage									
		Handwashing									
уее		Employee Hygiene									
Employee		Employee Habits									
Ē		Food Cert./ Card									
.e.		Water									
Water	_	Cross Con.									
ste	23	Liquid Waste									
Waste	24	Refuse									
ermin,	25	Rodents/ Insects									
Veri	26	Animal/ Fowl									
	27	Ventilation									
တ္သ	28	Doors									
Facilities	29	Floors									
Fас	30	Walls - Ceilings									
	31	Toilet Fac.									
	32	Janitorial Fac.									
	33	Lighting									
sc.	34	Clothing - Linen									
Misc.	35	Signs	Ш								
		Misc.									
	MAJ = Major violation OUT = Out of compliance COS = Corrected on-site										
Received By (Print): Received by (Signature): Date: Martha Smith 2/26/2024											
REHS (Print): REHS (Signature): Phone: Alexa Roche 530-841-2117							30-841-2117				

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	The marked items represent Health Code violations and n	nust be corrected as follows:
	•	
Described Doc (D. L. C.	Described by (Circusture)	5
Received By (Print): Ma	Received by (Signature): artha Smith	Date: 2/26/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

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

530-841-2117

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Mar	irtha Smith	2/26/2024
REHS (Print): Alexa Ro	REHS (Signature): oche	Phone: 530-841-2117