



### 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>Jefferson Inn</b>	Permit # <b>000395</b>
Address: <b>1235 S Main Street Yreka CA 96097</b>	
Permit Holder: <b>Agarwal LLC, DBA Jefferson Inn</b>	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: <b>530-842-4412</b>	E-mail: <b>jefferssoninnmountainviewinn@gmail.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 Food Temp.				<p><b>ROUTINE INSPECTION CONDUCTED ON THIS DATE</b></p> <p><b>NOTE: THIS FACILITY IS NOT SERVING BREAKFAST AT THIS TIME.</b></p>
	2 Prep./ Service				
	3 Storage/ Disp.				
	4 Frozen Food				
	5 Pure Food				
	6 Reused Food				
	7 Transportation				
Food Storage	8 Storage Fac.				
	9 Refrig. Units				
	10 Thermometer				
	11 Hazardous Mat.				
	12 Spoils				
Uten./Equip.	13 Wash/ Sanitize				
	14 Equip. Condition				
	15 Utensil Condition				
	16 Storage				
Employee	17 Handwashing				
	18 Employee Hygiene				
	19 Employee Habits				
	20 Food Cert./ Card				
Water	21 Water				
	22 Cross Con.				
Waste	23 Liquid Waste				
	24 Refuse				
Vermin	25 Rodents/ Insects				
	26 Animal/ Fowl				
Facilities	27 Ventilation				
	28 Doors				
	29 Floors				
	30 Walls - Ceilings				
	31 Toilet Fac.				
	32 Janitorial Fac.				
	33 Lighting				
Misc.	34 Clothing - Linen				
	35 Signs				
	36 Misc.				

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site
Received By (Print): <b>Sanjay Agarwal</b> Received by (Signature): _____    Date: <b>03/01/2024</b>
REHS (Print): <b>Chalyn Dewey</b> REHS (Signature): _____    Phone: <b>530-841-2112</b>

**Facility Name:** Jefferson Inn

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