

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	Naı	^{me:} Urena Fru	it Stand			Permit # 000470					
Addres		6449 County F			I CA 95963						
Permit	Hol	der: Juan Urena	<u> </u>			Permit To Operate: Valid					
Phone:	Phone: 530-321-9160 E-mail: juansfruitstand@yahoo.com										
Food Safety Certified Employee: N/A Expiration Date:											
MAJ OUT COS				cos	The marked items represent Health Code violation	ns and must be corrected as follows:					
Protection Time/ Temp.	1	Food Temp.									
	2	Prep./ Service			ROUTINE INSPECTION CONDUCTI	ED THIS DATE					
	3	Storage/ Disp.			SATISFACTORY AT PRESENT TIME.						
	4	Frozen Food									
	5	Pure Food									
	6	Reused Food									
P	7	Transportation									
Ф	8	Storage Fac.									
Food Storage	9	Refrig. Units									
	10	Thermometer									
000	11	Hazardous Mat.									
ĬĹ.	12	Spoils									
Uten./Equip.	13	Wash/ Sanitize									
	14	Equip. Condition									
ten./	15	Utensil Condition									
Ď	16	Storage									
Q	17	Handwashing									
loye	18	Employee Hygiene									
Employee		Employee Habits									
		Food Cert./ Card									
Water		Water									
>		Cross Con.									
aste		Liquid Waste									
Wast		Refuse									
rmin Waste	_	Rodents/ Insects									
> >	_	Animal/ Fowl									
		Ventilation									
es		Doors									
Facilities		Floors	-	-							
Ŗ		Walls - Ceilings	Н-	-							
	_	Toilet Fac.	Н-	-							
		Janitorial Fac.	\vdash	-							
		Lighting									
Misc.		Clothing - Linen		1							
Σ		Signs		1							
MA.I –		Misc. or violation C	UT = Out	of con	npliance COS = Corrected on-site						
Receive		/ (Print):		J. 0011	Received by (Signature):	Date:					
Juan Urena 03/01/2024											
REHS (Print): REHS (Signature): Phone: 530-841-2112					Phone: 530-841-2112						

Facility Name:	Urena Fruit Stand							
	The marked items represent Health Code violations and must be corrected as follows:							
	· ·							
Pagainad Bu (Drint)	Received by (Signature):	Date:						
	an Urena	Date: 03/01/2024						
REHS (Print): Chalyn D	REHS (Signature):	Phone: 530-841-2112						

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	•	
Received By (Print): Juar	Received by (Signature): Date n Urena	: 03/01/2024
REHS (Print): Chalyn I	REHS (Signature): Phor Dewey 53	ne: 30-841-2112

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	n Urena	03/01/2024				
REHS (Print): Chalyn [REHS (Signature): PI	none: 530-841-2112				