



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: Baymont Inn & Suites	Permit # 000106
Address: 148 Moonlit Oaks Dr., Yreka CA 96097	
Permit Holder: Baymont by Wyndam	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-841-1300	E-mail: gm@baymontyreka.com
Food Safety Certified Employee: Christina Cruz	Expiration Date: 12/2028

		MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1				<p>FOLLOW-UP INSPECTION CONDUCTED THIS DATE</p> <p>This inspection report is a follow-up to the remodel or reconstruction of the food facility without prior approval or submittal of a plan check. A plan check is required to be approved prior to any remodel or new construction.</p> <p>This facility is required to:</p> <ol style="list-style-type: none"> 1) Submit a plan check (ie Application for New Construction or Remodels) within 7 days. 2) Stop serving potentially hazardous food until plan check has been finalized. This includes a pre-opening inspection. Facility is allowed to only serve prepackaged food until the pre-opening is completed. <p style="text-align: center;">* Plan check application for remodel has been provided to facility.</p> <p>Please provide spec sheet of equipment for pre-approval prior to purchase.</p> <p>Note: Yreka building department will be in contact with the facility in regards to building permit submittal if the scope of work that was performed requires one.</p>
	2				
	3				
	4				
	5				
	6				
	7				
Food Storage	8				
	9				
	10				
	11				
Uten./Equip.	12				
	13				
	14				
Employee	15				
	16				
	17				
Water	18				
	19				
Waste	20				
	21				
Vermin	22				
	23				
Facilities	24				
	25				
	26				
	27				
	28				
	29				
Misc.	30				
	31				
	32				
	33				
	34				
	35				
	36		X		

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	Date: 03/12/2024
Received By (Print): Cat Lascano	Received by (Signature): _____
REHS (Print): Chalyn Dewey	REHS (Signature): _____
	Phone: 530-841-2112

Facility Name: Baymont Inn & Suites

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print): **Cat Lascano** Received by (Signature): Date: **03/12/2024**

REHS (Print): **Chalyn Dewey** REHS (Signature): Phone: **530-841-2112**

Facility Name: Baymont Inn & Suites

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print): Cat Lascano	Received by (Signature):	Date: 03/12/2024
-------------------------------------	--------------------------	---------------------

REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112
-------------------------------	-------------------	------------------------

Facility Name: Baymont Inn & Suites

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print):
Cat Lascano

Received by (Signature):

Date:
03/12/2024

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
530-841-2112