## **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											
Address: 148 Moonlit Oaks Dr., Yreka CA 96097											
Permit		der:		-		Permit To Operate:					
Baymont by Wyndam  E-mail: Separation   E-mail: Sep											
530-841-1300 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	Food Temp.				FOLLOW-UP INSPECTION CONDUCTED THIS DATE					
	2	Prep./ Service				TOLLOW-OF INOT ECTION CONDUCTED THIS DATE					
me/	3	Storage/ Disp.									
Ë	4	Frozen Food									
cţio	5	Pure Food				This inspection report is a follow-up to the remodel or reconstruction of the food facility					
rotec	6	Reused Food				without prior approval or submittal of a plan check. A plan check is required to be approved prior to any remodel or new construction.					
Δ.	7	Transportation				approved prior to any remoder of new construction.					
<u>o</u>	8	Storage Fac.				This facility is required to:					
Food Storage	9	Refrig. Units									
Stc	10	Thermometer				1) Submit a plan check (ie Application for New Construction or Remodels) within 7 days.					
000	11	Hazardous Mat.				O) O(consequence of collection of the collection					
ш	12	Spoils				<ol> <li>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</li> </ol>					
Uten./Equip.	13	Wash/ Sanitize				until the pre-opening is completed.					
	14	Equip. Condition				and the pro-opening to completion					
en./	15	Utensil Condition				* Plan check application for remodel has been provided to facility.					
Ţ	16	Storage									
Φ	17	Handwashing				Please provide spec sheet of equipment for pre-approval prior to purchase.					
oye	18	Employee Hygiene									
Employee	19	Employee Habits									
ш	20	Food Cert./ Card				Note: Yreka building department will be in contact with the facility in regards to building					
Water	21	Water				permit submittal if the scope of work that was performed requires one.					
	22	Cross Con.									
Waste	23	Liquid Waste									
	24	Refuse									
Vermin	25	Rodents/ Insects									
Ver	26	Animal/ Fowl									
	27	Ventilation									
S	28	Doors									
Facilities	29	Floors									
Fас	30	Walls - Ceilings									
	31	Toilet Fac.									
	32	Janitorial Fac.									
	33	Lighting									
Ö.	34	Clothing - Linen									
Misc.	35	Signs									
ľ	36	Misc.		X							
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site											
Received By (Print): Received by (Signature): Date:  Cat Lascano 03/12/2024											
REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112											

Facility Name:	Baymont Inn & Suites	
	The marked items represent Health Code violations and must be corrected as follows:	
	•	
Received By (Print):	Received by (Signature):  at Lascano  Date:	03/12/2024
REHS (Print):	REHS (Signature): Phone	
Chalyn D	Dewey 530	-841-2112

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Cat	Lascano		03/12/2024
REHS (Print): Chalyn I	Dewey	REHS (Signature):	Phone: 530-841-2112

Facility Name:	Baymont Inn & Suites	
	The marked items represent Health Code violations and must be corrected as	s follows:
<u> </u>	Description (Observer)	
	Received by (Signature): Lascano	Date: 03/12/2024
REHS (Print): Chalyn [	REHS (Signature): Dewey	Phone: 530-841-2112