



### 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>Miner Street Station</b>	Permit # <b>000329</b>
Address: <b>115 E Miner Street Yreka CA 96097</b>	
Permit Holder: <b>Siskiyou Development</b>	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: <b>530-842-4548</b>	E-mail: <b>cindy@sisdevco.com</b>
Food Safety Certified Employee:	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 THIS DATE</b></p> <p>3, 30) Observed condiments stored in alternative storage area with exposed wall insulation around the pipes for the walk-in cooler. Only pressurized beverages can be stored in alternative storage area with unfinished walls or ceilings. Remove condiments immediately or patch and finish walls to be smooth, durable, nonabsorbent, and cleanable within 90 days.</p> <p>14) Observed bare wood used as foundation support to the compressor systems in both of the walk-in beverage coolers. Ensure the finishes to bare wood to be nonabsorbent, smooth, easily cleanable, and durable. Repair or correct within 90 days.</p> <p>14) Observed duct tape on the ice machine. Maintain equipment in good repair and ensure the finishes to non-food contact surfaces to be easily cleanable, durable, nonabsorbent and smooth. Repair or correct within 90 days.</p> <p>14) Observed heat damaged finishes to the top opening of the convection oven and without an exhaust hood. Equipment that has the capability to set cooking temperature greater than 250F and produces heat, grease, odor, vapor should be utilized with an exhaust hood. Discontinue use and replace the equipment with a ventless or built in exhaust system within 90 days. Submit manufactured cut or spec sheet for preapproval prior to purchase.</p> <p>Note: Facility may alternatively use a microwave to heat products than convection oven cooking.</p> <p>20) Facility does not have a food safety manager certificate. Obtain one within 60 days.</p> <p>29) Observed missing baseboards in the dry storage area. Floor surfaces are to be coved at the junction of the floor and wall with a 3/8" maximum radius coving and extend up the wall at least 4". Repair or correct within 90 days.</p> <p>30) Observed bare wood dry wall in the dry storage area. Observed a hole in the ceiling above the warewashing area. Patch or seal the hole and ensure the ceiling and walls in the dry storage to be smooth, cleanable, nonporous, and durable. Repair within 90 days.</p>
	2 Prep./ Service				
	3 Storage/ Disp.		X		
	4 Frozen Food				
	5 Pure Food				
	6 Reused Food				
	7 Transportation				
Food Storage	8 Storage Fac.				
	9 Refrig. Units				
	10 Thermometer				
	11 Hazardous Mat.				
Uten./Equip.	12 Spoils				
	13 Wash/ Sanitize				
	14 Equip. Condition		X		
Employee	15 Utensil Condition				
	16 Storage				
	17 Handwashing				
	18 Employee Hygiene				
Water	19 Employee Habits				
	20 Food Cert./ Card		X		
	21 Water				
Waste	22 Cross Con.				
	23 Liquid Waste				
Vermin	24 Refuse				
	25 Rodents/ Insects				
Facilities	26 Animal/ Fowl				
	27 Ventilation				
	28 Doors				
	29 Floors		X		
	30 Walls - Ceilings		X		
	31 Toilet Fac.				
	32 Janitorial Fac.				
Misc.	33 Lighting				
	34 Clothing - Linen				
	35 Signs				
	36 Misc.				

MAJ = Major violation    OUT = Out of compliance    COS = Corrected on-site	Date: <b>03/20/2024</b>
Received By (Print): <b>Leona Helt</b>	Received by (Signature):
REHS (Print): <b>Chalyn Dewey</b>	REHS (Signature):
	Phone: <b>530-841-2112</b>

**Facility Name:** Miner Street Station

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

*(This area is currently blank, intended for listing health code violations and their corrections.)*

Received By (Print): Leona Helt	Received by (Signature):	Date: 03/20/2024
------------------------------------	--------------------------	---------------------

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

**Facility Name:** Miner Street Station

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

[Empty area for listing health code violations and correction details]

Received By (Print): Leona Helt	Received by (Signature):	Date: 03/20/2024
------------------------------------	--------------------------	---------------------

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

**Facility Name:** Miner Street Station

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

Received By (Print):  
Leona Helt

Received by (Signature):

Date:  
03/20/2024

REHS (Print):  
Chalyn Dewey

REHS (Signature):

Phone:  
530-841-2112