

## **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: Ross Mark	et			Permit # 000396						
Addres	ss:	440 E Street T	ulela	ke C	A 96	6134						
Permit	Permit Holder:  Leah Ross  Permit To Operate:  Valid Not Valid  Phone:											
Dhono												
	550-007-2202 Halla@cot.flet											
Food S	Food Safety Certified Employee: Expiration Date:											
			MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:						
Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED ON THIS DATE						
	2	Prep./ Service										
me/		Storage/ Disp.				9) Observed dirt and food debris in the reach-in cooler. Clean and sanitize as soon as possible.						
n Ti	4	Frozen Food				29) Observed damaged tiles and exposed wood throughout the facility. Ensure all floor surfaces to						
ctio		Pure Food				be smooth, durable, non-absorbent, and easily cleanable. Repair within 120 days.						
Prote		Reused Food										
	_	Transportation										
Employee Uten./Equip. Food Storage	_	Storage Fac.		X								
itora		Refrig. Units Thermometer		<u> </u>								
Parallities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp.		Hazardous Mat.										
	_	Spoils										
Equip.		Wash/ Sanitize										
		Equip. Condition										
in./E		Utensil Condition										
Ute		Storage										
Φ.	17	Handwashing										
оуее	18	Employee Hygiene										
mple	19	Employee Habits										
Ш	20	Food Cert./ Card										
ater	21	Water										
	22	Cross Con.										
aste		Liquid Waste										
		Refuse										
rmin		Rodents/ Insects										
Ve		Animal/ Fowl										
		Ventilation										
ies		Doors		\ <u></u>								
acilit		Floors		×								
ц		Walls - Ceilings										
		Toilet Fac.  Janitorial Fac.										
		Lighting Clothing - Linen	$\vdash$	-								
Misc.		Signs	Н									
		Misc.	Н									
MAJ =			UT =	Out c	of com	apliance COS = Corrected on-site						
Received By (Print): Received by (Signature): Date: Kim Keiser 3/21/2024												
REHS (Print): Alexa Roche						REHS (Signature): Phone: 530-841-2117						

Facility Name:	Ross Market	
	The marked items represent Health Code violations and must be corrected as follows:	
Received By (Print): Kiı	Received by (Signature): Date: m Keiser	3/21/2024
REHS (Print):	REHS (Signature): Phone	

530-841-2117

Alexa Roche

Facility Name:	Ross Market	
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	· ·	
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REHS (Print):	REHS (Signature): Phon	

530-841-2117

Alexa Roche

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REHS (Print):	REHS (Si	gnature):	Phone:
Àlexa Ro	oche		530-841-2117