

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: Budget Inn Permit # 000164 | | | | | | ^{t #} 000164 | | |
|---|-------|-------------------------|--------|------------|------------------------|--|--------------------------------|--|
| Addres | ss: | 360 N Main Str | | reka C | \ 96097 | | | |
| Permit Holder: Bhaumik Modi | | | | | | Vali | t To Operate: d O Not Valid | |
| Phone | | 530-842-6835 | | | E-m | ^{nail:} budgetinn19@gmail.com | | |
| Food S | Safet | ty Certified Employe | ee: N/ | A | | Expira | ation Date: | |
| | | | | OUT COS | The marked | items represent Health Code violations and must be corre | cted as follows: | |
| Protection Time/ Temp. | 1 | Food Temp. | | | | ROUTINE INSPECTION CONDUCTED ON THIS | | |
| | 2 | Prep./ Service | | | | | 27.1.2 | |
| | 3 | Storage/ Disp. | | | | NOTE: THIS FACILITY IS NOT SERVING BREAKFAST AT THIS TIME. | | |
| | 4 | Frozen Food | | | NOTE: | | | |
| | 5 | Pure Food | | | | | | |
| | 6 | Reused Food | | | | | | |
| | 7 | Transportation | | | | | | |
| Food Storage | 8 | Storage Fac. | | | | | | |
| | 9 | Refrig. Units | | | | | | |
| | 10 | Thermometer | | | | | | |
| F00 | - | Hazardous Mat. | | | | | | |
| | 12 | Spoils | | | | | | |
| uip. | | Wash/ Sanitize | | | | | | |
| Uten./Equip. | 14 | Equip. Condition | | | | | | |
| lten. | - | Utensil Condition | | | | | | |
| <u> </u> | 16 | Storage | | | | | | |
| e O | - | Handwashing | | | | | | |
| Employee | | Employee Hygiene | | | | | | |
| Emp | | Employee Habits | | | | | | |
| | | Food Cert./ Card | | | | | | |
| Water | | Water | | | | | | |
| <u> </u> | | Cross Con. | | | | | | |
| Waste | - | Liquid Waste | | | | | | |
| <u> </u> | | Refuse | | | | | | |
| Vermin | | Rodents/ Insects | | | | | | |
| Š | | Animal/ Fowl | | | | | | |
| | | Ventilation | | | | | | |
| ties | _ | Doors | | | | | | |
| Facilities | - | Floors Walls - Ceilings | | | | | | |
| Ш | | Toilet Fac. | | | | | | |
| | | Janitorial Fac. | | | | | | |
| | | Lighting | | | | | | |
| | | Clothing - Linen | | | | | | |
| Misc. | | Signs | | | | | | |
| 2 | | Misc. | | | | | | |
| MAJ = | | | UT = C | Out of cor | ppliance COS = Correct | ted on-site | | |
| | | (Print): Vijay Mo | | | Received by (Si | ignature): Date: | 03/22/2024 | |
| REHS (| Print | Chalyn Dewe | θV | | REHS (Signatu | rre): Phone | 530-841-2112 | |

| Facility Name: | Budget Inn | | |
|---------------------------|---------------------|--|-------------------------|
| | The marked items re | epresent Health Code violations and must b | e corrected as follows: |
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| Received By (Print): | | Received by (Signature): | Date: |
| Vij | ay Modi | Trooping by (digitation). | 03/22/2024 |
| REHS (Print): Chalyn D | ewey | REHS (Signature): | Phone: 530-841-2112 |

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| | y Modi | Date: 03/22/2024 |
| REHS (Print): Chalyn I | REHS (Signature): Dewey | Phone: 530-841-2112 |

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| Received By (Print): Vija | Received by (Signature): Ay Modi Received by (Signature): 03 | /22/2024 |
| REHS (Print): Chalyn E | REHS (Signature): Phone Dewey 530 | :)-841-2112 |