



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: Yreka Community Center	Permit # 000492
Address: 810 N Oregon St Yreka CA 96097	
Permit Holder: Madrone Hospice	Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid
Phone: 530-841-2365	E-mail: sara@madronehospice.org
Food Safety Certified Employee: Samantha Lukensmeyer	Expiration Date: 05/2027

		MAJ	OUT	COS	
					The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1	Food Temp.			
	2	Prep./ Service			
	3	Storage/ Disp.			
	4	Frozen Food			
	5	Pure Food			
	6	Reused Food			
	7	Transportation			
Food Storage	8	Storage Fac.			
	9	Refrig. Units			
	10	Thermometer			
	11	Hazardous Mat.			
	12	Spoils			
Uten./Equip.	13	Wash/ Sanitize			
	14	Equip. Condition		X	
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing			
	18	Employee Hygiene			
	19	Employee Habits			
	20	Food Cert./ Card			
Water	21	Water			
	22	Cross Con.			
Waste	23	Liquid Waste			
	24	Refuse			
Vermin	25	Rodents/ Insects			
	26	Animal/ Fowl			
Facilities	27	Ventilation			
	28	Doors			
	29	Floors			
	30	Walls - Ceilings		X	
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.			

ROUTINE INSPECTION CONDUCTED ON THIS DATE

14) Observed a tub below the dishwasher's pipe collecting water discharge. Maintain the equipment in good repair and fully serviceable. Repair or correct within 90 days.

30) Observed a hole on the ceiling above the water heater in the dry storage area. Seal or patch the hole with a finish that is smooth, cleanable, durable, and nonabsorbent. Repair or correct within 90 days.

NOTE: Continue to work on the finishes to the exposed barewood at counter of the food service station found during 12/15/2023 inspection report.

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site
Received By (Print): Samantha Lukensmeyer Received by (Signature): _____ Date: 03/27/2024
REHS (Print): Chalyn Dewey REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Yreka Community Center

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Samantha Lukensmeyer

Received by (Signature):

Date:

03/27/2024

REHS (Print):

Chalyn Dewey

REHS (Signature):

Phone:

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