

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: Liquor Warehouse Permit # 000088									
Addres	ss:	420 Alamo Ave	∍, W€	eed (CA 9	6094			
Permit Holder: Kartar Singh Permit To Operate: Valid Not V									
Phone		530-216-0511				E-mail:			
Food S	Food Safety Certified Employee: Expiration Date:								
MAJ OUT COS				OUT	cos	The marked items represent Health Code violations and must be corrected as follows:			
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED ON THIS DATE			
	2	Prep./ Service				TOO TIME INOT ESTICATED ON TIME BATE			
	3	Storage/ Disp.							
	4	Frozen Food				17) Observed no single-use paper towels in the restroom. Corrected on-site.			
	5	Pure Food				31) Fan in restroom is non-operational and continues to not have been repaired since the previous			
	6	Reused Food				inspection. 6TH NOTICE REINSPECTION FEE ASSESSED FOR CONTINUOUS NON-			
	7	Transportation				COMPLIANCE.			
4)	8	Storage Fac.							
Food Storage	9	Refrig. Units							
	10	Thermometer							
	11	Hazardous Mat.							
	12	Spoils							
ip.	13	Wash/ Sanitize							
Uten./Equip.	14	Equip. Condition							
ten./	15	Utensil Condition							
Ď	16	Storage							
ė	17	Handwashing		X	X				
Employee	18	Employee Hygiene							
- Emp	19	Employee Habits							
	20	Food Cert./ Card							
Water	_	Water	Ш						
	22	Cross Con.	Ш						
Waste	_	Liquid Waste	Ш						
Š		Refuse	Ш						
Vermin	_	Rodents/ Insects	Ш						
\e		Animal/ Fowl							
		Ventilation							
es		Doors	Ш						
Facilities		Floors	Щ		\square				
Га		Walls - Ceilings	Щ	\square	\square				
		Toilet Fac.	Щ	X	\square				
		Janitorial Fac.	Щ	\square	\square				
		Lighting	Щ	igwdapprox					
Misc.	34	Clothing - Linen	Ш						
		Signs	ш	\vdash					
N 4 A . I		Misc.				OOC Connected on after			
		or violation O y (Print):	<u> </u>	Out c	or con	pliance COS = Corrected on-site Received by (Signature): Date:			
receive	,u D,	Vicky Kı	umaı	r		received by (digitature).			
REHS (Print	:): Alexa Roche)			REHS (Signature): Phone: 530-			

Facility Name:	Liquor Warehouse			
	The marked items rep	resent Health Code violations and must	be corrected as follows:	
Received By (Print):		Received by (Signature):	Date:	
Vio	cky Kumar			
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phone: 530-	

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Received By (Print): Vick	Received by (Signature): Da ky Kumar	te:
REHS (Print): Alexa Ro	REHS (Signature): Ph	one: 530-

530-

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Descriped Div /Dates		Pagained by (Signatura)	Data
	xy Kumar	Received by (Signature):	Date:
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phone: 530-