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	acility Name: Arby's Permit # 000837											
Addres	ss:	1813 Fort Jon	es R	d., Y	reka	, CA 96097						
Permit Holder: Arby's Permit To Operate: Not Valid												
Phone	- 5	30-841-7111				E-mail: didi@food-services.	CO					
Food S		ty Certified Employ	/ee: r	Didi 7			Expiration Date: 01/2025					
				OUT		The marked items represent Health Code vi						
	1	Food Temp.	IVIAJ	001	003	The marked items represent realin code v	iolations and must be corrected as follows.					
rotection Time/ T		Prep./ Service				ROUTINE INSPECTION CO	NDUCTED THIS DATE					
		Storage/ Disp.	1			14) Observed 2 Cadco Stephanie convection ovens utilized without an exhaust hood						
	_	Frozen Food	1			Equipment that produces heat, grease, odor, vapor, smoke and steam should be utilized.						
	5	Pure Food				with an exhaust hood. Discontinue use and remove immediately, and/or replace with a ventless/built-in exhaust system within 90 days. Submit manufactured spec sheet of						
	6	Reused Food										
	7	Transportation				equipment for preapproval prior to purchase.						
Food Storage	-	Storage Fac.				13, 14) Observed buildup of syrup on the cabinet handle below the self-service beverage machines. Clean and sanitize immediately.						
	9	Refrig. Units										
	10	Thermometer				zororago macinisco cican ana carinizo imini	- Ca. a. c , .					
	11	Hazardous Mat.				14) Observed broken seal around the door to the walk-in freezer. Maintain equipm						
	12	Spoils				good repair. Repair or correct within 90 days	•					
Uten./Equip.	13	Wash/ Sanitize		X		1/1) Observed buildup of ice on the compress	cor how to the reach-in freezer. Maintain					
	14	Equip. Condition		X		14) Observed buildup of ice on the compressor box to the reach-in freezer. Neguipment in good repair, fully operable, and clean and sanitize according to						
	15	Utensil Condition				manufacturer's specification. Correct immedi						
Ť	16	Storage										
Ф	17	Handwashing				14) Observed water pooling below the dishwand not a source of contemination. Denois or						
Employee	18	Employee Hygiene				and not a source of contamination. Repair or	or correct within 60 days.					
ldm:	19	Employee Habits]						
Ш	20	Food Cert./ Card										
Water	21	Water										
Ň	22	Cross Con.										
Waste	23	Liquid Waste										
Š	24	Refuse										
Vermin		Rodents/ Insects										
Ve	26	Animal/ Fowl										
		Ventilation										
es	28	Doors				4						
Facilities		Floors										
Е		Walls - Ceilings				Handout: "Approval of Equipment and Utensi	ils" provided to facility.					
		Toilet Fac.										
	32	Janitorial Fac.										
		Lighting										
Misc.		Clothing - Linen										
F		Signs	Н									
MA.I –		Misc. or violation C)[]T =	Out	of com	apliance COS = Corrected on-site						
		/ (Print):		Jui	5011	Received by (Signature):	Date:					
Izaak Hans 04/04/2024												
REHS (Print): REHS (Signature): Phone:												
Chalyn Dewey							530-841-2112					

Facility Name:	Arby's	
	The marked items represent Health Code violations and must be corrected as follow	S:
	· ·	
Received By (Print):		Date:
	aak Hans	04/04/2024
REHS (Print): Chalyn D	REHS (Signature): Dewey	Phone: 530-841-2112

Facility Name:	Arby's	
	The marked items represent Health Code violations and must be corrected as follows:	
	ık Hans	te: 04/04/2024
REHS (Print): Chalyn	REHS (Signature): Ph	one: 530-841-2112

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