



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 Lanes	Permit # 000489
Address: 1601 S Oregon St., Yreka, CA 96097	
Permit Holder: Laura Leach	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-572-1552	E-mail: laura.s.leach@gmail.com
Food Safety Certified Employee: Mary Smith	Expiration Date: 05/2028

		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			
	31	Toilet Fac.			
	32	Janitorial Fac.			
	33	Lighting			
Misc.	34	Clothing - Linen			
	35	Signs			
	36	Misc.		X	

ROUTINE INSPECTION CONDUCTED THIS DATE

14) Observed a pizza oven set beyond the outer edge of the hood. Ensure all parts of the cooking surface has a hood overhang of at least 6 inch. Correct immediately.

14) Observed grease buildup on the exhaust hood filters with one filter missing. Maintain equipment in a cleanly manner, fully operable, and in good repair. Correct immediately.

36) Observed numerous rubbish, unused, or non-commercial equipment throughout the facility. Remove all unnecessary equipment or utensils immediately.

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Laura Leach	Received by (Signature): _____ Date: 04/05/2024
REHS (Print): Chalyn Dewey	REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Yreka Lanes

The marked items represent Health Code violations and must be corrected as follows:

Received By (Print):
Laura Leach

Received by (Signature):

Date:
04/05/2024

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
530-841-2112

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