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: Miner Perk 000326											
Address: 1573 S Main St., Yreka, CA 96097											
Permit Holder: Miner Perk Permit To Operate: Valid Not Valid											
Phone	Phone: (530) 842-7646 E-mail: marcusrobinson1941@yahoo.com										
Food	Food Safety Certified Employee: Alexis Spencer Expiration Date: 12/2008										
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:											
Protection Time/ Temp.	1	Food Temp.		X		•					
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTE	D THIS DATE				
	3	Storage/ Disp.				1) Observed casserole in the standup refrigerator me	easuring at 49F. Ensure food is				
	4	Frozen Food				cooled rapidly from 135F to 41F or below within 6 ho					
	5	Pure Food				hours). Correct immediately.	,				
otec	6	Reused Food				1) Observed rice held in rice cooker with a surface temperature at 108F-120F.					
Pre	7	Transportation									
e	8	Storage Fac.				closest to the bottom surface is within temperature. Ensure all surfaces of the foc held hot at 135F or above. Keep a temperature log. Correct immediately.					
Storage	9	Refrig. Units		\times							
Food Sto	10	Thermometer				1) Observed sliced cheese, cream cheese, and casserole measuring at 49F in the					
	11	Hazardous Mat.				reach-in refrigerator next to the warewashing area. Ensure cold foods are held at 4 below. Correct immediately.					
	12	Spoils									
Uten./Equip.		Wash/ Sanitize				9) Observed the refrigerator mentioned above not he	olding food to temperature.				
	14	Equip. Condition		Х		Observed the suction to the door not functioning properly. Maintain unit in good rep and fully serviceable. Repair or replace within 90 days.					
Jten.	_	Utensil Condition									
		Storage				14) Observed the 3 compartment sink is indirectly piped to a floor sink without a	ined to a floor sink without a				
ee	-	Handwashing	_			1" air gap. Ensure this unit is plumbed with a 1" air gap. Repair or correct within 3					
Employee		Employee Hygiene	_			2ND NOTICE.	,				
ШШ		Employee Habits Food Cert./ Card									
5	-	Water				REINSPECTION FEE WILL BE ASSESSED FOR F	UTURE NON-COMPLIANCE.				
Water		Cross Con.									
		Liquid Waste				14) Observed 2 pass-thru windows greater than 432	sq. in., not self-closing and without				
Waste		Refuse				air-curtains. Per CFRC 114259.2, Passthru window					
		Rodents/ Insects				216 sq. in. Each opening shall be provided with a so					
Vermin	-	Animal/ Fowl				with a self-closing device. Screening shall be at leas					
	27	Ventilation				windows of up to 432 sq. in. are approved if equipped with an air curtain device or correct within 90 days.					
6	28	Doors									
Facilities	29	Floors									
Fac	30	Walls - Ceilings									
	31	Toilet Fac.									
	32	Janitorial Fac.									
	33	Lighting									
ij	34	Clothing - Linen									
Misc.	35	Signs									
		Misc.			Ļ						
			JUI =	Out o	of com	pliance COS = Corrected on-site Received by (Signature):	Date:				
Received By (Print): Received by (Signature): Date: Laney Spencer 04/10/2024											
REHS (Print): REHS (Signature): Phone: 530-841-2112											
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Received By (Print):	ney Spencer	Received by (Signature):	Date: 04/10/2024
REHS (Print): Chalyn D)ewev	REHS (Signature):	Phone: 530-841-2112
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REHS (Print):		REHS (Signature):	F	hone:
Chalyn	Dewey			530-841-2112
Page 3				

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