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	/ Na	me: Baymont I	nn 8	k Sui	tes	Permit # 000106					
Addres	SS:	148 Moonlit Oa				a CA 96097					
Permit	Hol	^{der:} Baymont b	y W	ynda	m	Permit To Operate: X Valid Not Valid					
Phone: 530-841-1300 E-mail: gm@baymontyreka.com											
Food Safety Certified Employee: Expiration Date:											
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:											
	1	Food Temp.	IVIAJ	X	X	The market items represent fleatin code violations and must be corrected as follows.					
d W		Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE					
)_(e		Storage/ Disp.									
Ĭ	-	Frozen Food				Note: Facility is currently serving prepackaged foods or operating as a hotel without food					
Protection Time/ Temp.	5	Pure Food				preparation until plan check for the remodel has been reviewed or approved.					
tect	6	Reused Food									
Pro	7	Transportation									
	-	Storage Fac.									
age	9	Refrig. Units		X	X						
Food Storage		Thermometer		X	X	1) Observed eggs, milk, and yogurt at 52F-62F in the self-service display case. Hold					
poc	11	Hazardous Mat.				cold foods at 41F or below. Dairy can be held at 45F or below. Voluntarily discarded.					
й	12	Spoils									
á	13	Wash/ Sanitize				 Observed refrigeration unit not keeping food to temperature. Temperature was adjusted to a lower setting. 					
Uten./Equip.	_	Equip. Condition				adjusted to a lower setting.					
en./E	15	Utensil Condition				10) Observed the reach-in cooler's thermometer set on the midpoint to the second shelf					
ž	16	Storage				from the bottom. Place thermometer in a location to measure air temperature in the					
a)	17	Handwashing				warmest part of the unit. Corrected during inspection.					
Employee	18	Employee Hygiene				20) Previous food manager is no longer employed at the facility. Obtain a new food					
m Jd W	19	Employee Habits				manager certificate within 60 days.					
Ш	20	Food Cert./ Card		X		manager continuate main oc dayer					
Water	21	Water									
Wa	22	Cross Con.									
Waste	23	Liquid Waste									
N N	24	Refuse									
Vermin	25	Rodents/ Insects									
\e_	26	Animal/ Fowl									
	27	Ventilation									
es	28	Doors									
-acilities	_	Floors									
Fa	30	Walls - Ceilings									
		Toilet Fac.									
		Janitorial Fac.	Ш								
		Lighting	Ш								
Misc.		Clothing - Linen	Ш								
	35	Signs									
MA I		Misc.	LIT -	Out	of oon	policones COS – Corrected on site					
		or violation C / (Print):	,UI =	- Out (חטט וכ	npliance COS = Corrected on-site Received by (Signature): Date:					
Katie Barnes 04/17/2024											
REHS (Print): REHS (Signature): Chalyn Dewey						REHS (Signature): Phone: 530-841-2112					

Facility Name:	Baymont Inn & Suites	
	The marked items represent Health Code violations and must be corrected as follows:	
Received By (Print):	Received by (Signature): Date	
	tie Barnes	04/17/2024
REHS (Print): Chalyn D	REHS (Signature): Photewey 53	ne: 30-841-2112

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Received By (Print): Kati	Received by (Signature): Dat e Barnes	e: 04/17/2024
REHS (Print): Chalyn	REHS (Signature): Pho Dewey 5	one: 30-841-2112

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