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:} Kentucky | Fried | d Chi | cker | n Permit # 000282 | | | | | |
|------------------------|-------|----------------------------|--------|--------|--------|---|--|--|--|--|--|
| Addre | ss: | 1293 S Main S | | | | | | | | | |
| Permit | Hol | ^{der:} Declerck E | Inter | prise | s | Permit To Operate: | | | | | |
| Phone | : 5 | 530-842-5577 | | | | E-mail: D118002@yum.com | | | | | |
| Food S | Safe | ty Certified Employ | yee: N | Jicole | Mc | Expiration Date: 08/2028 | | | | | |
| | | | | OUT | | The marked items represent Health Code violations and must be corrected as follows: | | | | | |
| d | 1 | Food Temp. | | | 000 | | | | | | |
| Protection Time/ Temp. | 2 | Prep./ Service | | | | COMPLAINT INSPECTION CONDUCTED THIS DATE | | | | | |
| | 3 | Storage/ Disp. | 1 | | | | | | | | |
| | 4 | Frozen Food | | | | | | | | | |
| | 5 | Pure Food | | | | Received a complaint of a sewage leak occurring in the facility's kitchen. This is the | | | | | |
| | 6 | Reused Food | | | | following observation: | | | | | |
| | 7 | Transportation | | | | | | | | | |
| Food Storage | 8 | Storage Fac. | | | | 23) No imminent health hazard. A plumber from Siskiyou Plumbing & Electric wa | | | | | |
| | 9 | Refrig. Units | | | | addressing a plumbing issue in the front parking lot. Upon inspection inside the facility, | | | | | |
| | 10 | Thermometer | | | | no evidence of an active sewage leak. According to manager, sewage backed up | | | | | |
| 000 | 11 | Hazardous Mat. | | | | yesterday from the women's restroom and also at least 2-3ft radius from the floor sink | | | | | |
| ш. | 12 | Spoils | | | | next to the ice machine. Floors were cleaned and sanitized immediately. Plumbers called immediately and thought problem was addressed. However, it backed up ac | | | | | |
| .dir | 13 | Wash/ Sanitize | | | | today at 1pm. Per plumber, liquid on asphalt is freshwater and not sewage water. | | | | | |
| Uten./Equip. | 14 | Equip. Condition | | | | | | | | | |
| ten. | 15 | Utensil Condition | | | | | | | | | |
| | 16 | Storage | | | | | | | | | |
| e | 17 | Handwashing | | | | | | | | | |
| loye | 18 | Employee Hygiene | | | | | | | | | |
| Employee | | Employee Habits | _ | | | | | | | | |
| | | Food Cert./ Card | _ | | | | | | | | |
| Water | _ | Water | _ | | | | | | | | |
| | | Cross Con. | | | | | | | | | |
| Waste | _ | Liquid Waste | | Х | | | | | | | |
| rmin | | Refuse | | | | | | | | | |
| | _ | Rodents/ Insects | | | | | | | | | |
| | - | Animal/ Fowl | | | | | | | | | |
| Facilities | | Ventilation Doors | | | | | | | | | |
| | | | | | | | | | | | |
| | | Floors Walls - Ceilings | | | | | | | | | |
| L LL | 30 | Toilet Fac. | | | | | | | | | |
| | 32 | Janitorial Fac. | | | | | | | | | |
| 1 | | Lighting | | | | | | | | | |
| <u> </u> | | Clothing - Linen | | | | | | | | | |
| Misc. | | Signs | | | | | | | | | |
| | | Misc. | | | | | | | | | |
| MAJ = | | | OUT = | Out c | f corr | npliance COS = Corrected on-site | | | | | |
| Receiv | ed By | (Print): Nicole I | McNe | ew | | Received by (Signature): Date: 04/19/2024 | | | | | |
| REHS | Print | ^{:):} Chalyn Dew | vey | | _ | REHS (Signature): Phone: 530-841-2112 | | | | | |
| d | | | | | | | | | | | |

| Facility Name: | Kentucky Fried Chicken | |
|----------------|------------------------|--|
|----------------|------------------------|--|

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

.

| Received By (Print): | Received by (Signature): | Date: | |
|-------------------------------|--------------------------|------------------------|--|
| Nicole McNew | | 04/19/2024 | |
| REHS (Print): Chalyn Dewey | REHS (Signature): | Phone: 530-841-2112 | |
| Page 2 | | | |

| Facility Name: | Kentucky Fried Chicken | | | |
|----------------------|-------------------------|---------------------------------|------------------------------|--------------|
| | | | | |
| | The marked items repres | sent Health Code violations and | must be corrected as follows | S: |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Received By (Print): | | Received by (Signature): | | Date: |
| Nico | le McNew | | | 04/19/2024 |
| REHS (Print): | | REHS (Signature): | | Phone: |
| Chalyn | Dewey | | | 530-841-2112 |
| Dogo 2 | , | | | |

Facility Name: Kentucky Fried Chicken

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

.

| Received By (Print): Nicole McNew | Received by (Signature): | Date: 04/19/2024 | |
|--------------------------------------|--------------------------|------------------------|--|
| REHS (Print): Chalyn Dewey | REHS (Signature): | Phone: 530-841-2112 | |