## 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: Jolley's Club Permit # 000273									
Address: 605 South Main Street, Yreka, CA 96097										
Permit Holder: Steve and Janet Thomas, and Shannon Meyers Permit To Operate: Valid Not Valid										
Phone	Phone: 530-842-6678 E-mail: jthomas5932@sbcglobal.net									
Food S	Food Safety Certified Employee: Expiration Date:									
			NA	OUT	000	The marked items represent Health Code violations and must be corrected as follows:				
Protection Time/ Temp.	1	Food Temp.	IVIAJ	001	CUS	The marked items represent Health Code violations and must be corrected as follows.				
		Prep./ Service		X		ROUTINE INSPECTION CONDUCTED THIS DATE				
		Storage/ Disp.								
		Frozen Food				<ol> <li>Observed ice intended to be used for consumption touching beverage tubes without a divider in the ice box at the bar. Install a partitioning device to prevent contamination of</li> </ol>				
	5	Pure Food				food/ice. Ensure the finish of the partitioned surface to be smooth, nonabsorbent, easily				
	6	Reused Food				cleanable and durable. Correct immediately.				
	7	Transportation								
	_	Storage Fac.				14) Observed the pipes to the 3-compartment sink and ice bin draining into the floor sink without a 1" air gap. Ensure these pipes are drained indirectly with atleast a 1" air gap				
rage	9	Refrig. Units				above the maximum level or rim of the floor sink. Repair within 90 days.				
Food Storage	10	Thermometer				abore the maximum level of him of the hoof only respain walls of daye.				
poo	11	Hazardous Mat.				30) Observed bare wood on the wall below the 3-compartment sink at the bar. Finish the				
ш	12	Spoils				wall surfaces to be nonabsorbent, easily cleanable, durable, and smooth. Repair or				
<u>.d</u>	13	Wash/ Sanitize				correct within 90 days.				
Uten./Equip.	14	Equip. Condition		X						
en./	15	Utensil Condition								
Ď	16	Storage								
ē	17	Handwashing								
loye	18	Employee Hygiene								
Employee	_	Employee Habits								
	_	Food Cert./ Card								
Water	_	Water								
<u> </u>		Cross Con.								
/aste		Liquid Waste								
Waste		Refuse								
rmin		Rodents/ Insects Animal/ Fowl								
>										
		Ventilation Doors								
ities		Floors	Н							
-acilities		Walls - Ceilings	Н	X						
ш		Toilet Fac.								
	32	Janitorial Fac.								
ŀ	33	Lighting								
sc.		Clothing - Linen								
		Signs								
		Misc.								
			UT =	Out c	of com	npliance COS = Corrected on-site				
Received By (Print): Received by (Signature): Date:  Janet Thomas 04/22/2024										
REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112				REHS (Signature): Phone: 530-841-2112						

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Janet Thomas		04/22/2024
REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112

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	•					
	Description (O'mesters)					
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REHS (Print): Chalyn D	REHS (Signature): Dewey	Phone: 530-841-2112				