

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: Urena Fruit Stand Permit # 000470 | | | | | | | | | | |
|-----------------------------------------------------------------------------|----------|----------------------------------|-------|-----------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Address: 6449 County Rd 21, Orland CA 95963 | | | | | | | | | | |
| Permit Holder: Permit To Operate: | | | | | | | | | | |
| Dhono | | Juan Urena | a | | | ✓ Valid Not Valid | | | | |
| Phone: 530-321-9160 E-mail: juansfruitstand@yahoo.com | | | | | | | | | | |
| Food Safety Certified Employee: N/A Expiration Date: | | | | | | | | | | |
| | | | MAJ | OUT | cos | The marked items represent Health Code violations and must be corrected as follows: | | | | |
| Protection Time/ Temp. | 1 | Food Temp. | | | | REINSPECTION CONDUCTED THIS DATE | | | | |
| | | Prep./ Service | | | | NEINGI ECTION CONDUCTED THIS DATE | | | | |
| | 200 | Storage/ Disp. | | | | | | | | |
| | . 28 | Frozen Food | | | | SATISEACTORY AT DRESENT TIME | | | | |
| ectio | Tanana . | Pure Food | | | | SATISFACTORY AT PRESENT TIME | | | | |
| Prote | | Reused Food | | | | | | | | |
| | | Transportation | | | | | | | | |
| ge | _ | Storage Fac. | 16 20 | | - | | | | | |
| Food Storage | Name and | Refrig. Units | | | | Note: Facility provided DED contificate from CDDU Food and Drug Branch and an | | | | |
| Spo | | Thermometer | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | 9 | Note: Facility provided PFR certificate from CDPH Food and Drug Branch and an invoice from the manufacturer who repackages honey for the operator and is now able | | | | |
| Foo | | Hazardous Mat. | | | - | to continue to sale honey. Honey is packaged from an approved source. | | | | |
| | | Spoils | | | 9 | | | | | |
| Uten./Equip. | | Wash/ Sanitize Equip. Condition | | | | | | | | |
| n./Ē | | | | | | | | | | |
| Uter | - | Utensil Condition Storage | | | | | | | | |
| | | Handwashing | | | - | | | | | |
| Employee | | Employee Hygiene | | | - | | | | | |
| oldu | | Employee Habits | | | | | | | | |
| 핍 | _ | Food Cert./ Card | | | | | | | | |
| er | 7 | Water | | | | | | | | |
| Water | 22 | Cross Con. | | | | | | | | |
| | 23 | Liquid Waste | | | | | | | | |
| Waste | 24 | Refuse | | | | | | | | |
| 'ermin | 25 | Rodents/ Insects | | | | | | | | |
| Ver | 26 | Animal/ Fowl | | | | | | | | |
| 97/0 | 27 | Ventilation | | | | | | | | |
| S | 28 | Doors | | | | | | | | |
| Facilities | 29 | Floors | | | ŕ | | | | | |
| Fac | 30 | Walls - Ceilings | | | | | | | | |
| | 31 | Toilet Fac. | | | | | | | | |
| | 32 | Janitorial Fac. | | | | | | | | |
| | 33 | Lighting | | | | | | | | |
| Misc | 34 | Clothing - Linen | | | | | | | | |
| | 35 | Signs | Ш | $oxed{oxed}$ | | | | | | |
| | | Misc. | | | | | | | | |
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site | | | | | | | | | | |
| Received By (Print): Received by (Signature): Date: Juan Urena 05/31/2024 | | | | | | | | | | |
| REHS (Print): REHS (Signature): Phone: Chalyn Dewey 530-841-2112 | | | | | | | | | | |

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| | The marked items represent Health Code violations and must be corrected as follows: | |
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| | uan Urena | 05/31/2024 |
| REHS (Print): | REHS (Signature): Pho | one: |
| Chalyn D | Dewey 5 | 530-841-2112 |

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| REHS (Print): | REHS (Signature): | hone: |
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