



## 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: Chevron M	loun	tain	View	Station Permit # 000335				
Addres	s:	82 E Vista Dr,	Wee	d C/	4 960	094				
Permit	Hol	der: Paul Randl	201/2			Permit To Operate:  X Valid Not Valid				
Phone		530-938-1392	iavve	4		E-mail: mtviewchevron@mt.counties.com				
	Food Safety Certified Employee: Expiration Date:									
1 000 0										
	4	Ford Town	MAJ	OUT	cos	The marked items represent Health Code violations and must be corrected as follows:				
e/ Temp.	V1000	Food Temp.  Prep./ Service				ROUTINE INSPECTION CONDUCTED ON THIS DATE				
	3000	Storage/ Disp.				17) 4TH NOTICE: As stated in the previous inspection, facility was instructed to repair the leaking				
Lime	500	Frozen Food				faucet on the handwashing sink located in the ware washing/food prep area. Instead of fixing the				
cilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp.	200	Pure Food				faucet, the facility completely removed the handwashing sink and employees have been using the				
	20000	Reused Food				bathrooms as their hand washing sink before food prep. The facility must have a handwash that is conveniently located, and it cannot be located inside the bathroom. Replace/reinstal				
		Transportation				handwashing sink within the next 14 days. Non-compliance has resulted in a reinspection fee today				
		Storage Fac.				and a potential administrative hearing or permit revocation will be considered.				
age		Refrig. Units	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	3	-					
Stor	Section 2				ž.	A DESIGNATION SEE IS ASSESSED FOR MON SOMBLANIOS OF DEDICAT				
A Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp.	1 1	Hazardous Mat.			9	A RESINPECTION FEE IS ASSESSED FOR NON-COMPLIANCE OF REPEAT VIOLATIONS				
	CALLO	Spoils			į.	VIOLATIONS				
o.	9	Wash/ Sanitize		8	8					
dni	2222	Equip. Condition								
n./E		Utensil Condition		3						
Ute	.5000	Storage								
d)	17	Handwashing		X						
уее		Employee Hygiene								
mplc	19	Employee Habits								
Ш	20	Food Cert./ Card								
	21	Water								
Water	22	Cross Con.								
A Misc. Facilities Vermin Waste Water Employee Uten./Equip. Food Storage Protection Time/ Temp.	23	Liquid Waste		3						
100	24	Refuse								
min		Rodents/ Insects								
Ver	26	Animal/ Fowl		3	8					
Vermin Waste Water	27	Ventilation								
S	28	Doors			6					
cilitie	29	Floors								
Fac	30	Walls - Ceilings		,						
	31	Toilet Fac.								
	32	Janitorial Fac.								
		Lighting								
Misc.	34	Clothing - Linen	Ш							
		Signs								
N/A 1		Misc.								
			101 =	Out	or con	ppliance COS = Corrected on-site  Received by (Signature): Date:				
Received By (Print):  Paul Shedd  Received by (Signature):  Date:  5/24/2024										
REHS (Print): REHS (Signature): Phone: 530-841-2117										

Facility Name:	: Chevron Mountain View Station									
	The marked items represent Health Code violations and mu	st be corrected as follows:								
		_								
	aul Shedd	Date: 5/24/2024								
REHS (Print): Alexa Ro	REHS (Signature):	Phone: 530-841-2117								

Facility Name:	Chevron Mountain View Station	
	The marked items represent Health Code violations and must be co	orrected as follows:
Received By (Print):	Received by (Signature):	Date:
Pau	l Shedd	5/24/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Chevron Mountain View Station	on			
	The marked items represent H	ealth Code violations and must be corrected as foll	ows:		
		•			
Descrived Dr. (Date)	D	eived by (Signature):	Data		
Received By (Print): Paเ	I Shedd	erved by (Signature).	Date: 5/24/2024		
REHS (Print): Alexa Ro	RE	HS (Signature):	Phone: 530-841-2117		