

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: Chevron Mountain View Station 900335						35						
Address: 82 E Vista Dr Weed CA 96094												
Permi	Permit Holder:Permit To Operate:											
Phone		Paul Rand	nawa	3		E-mail: mtviowobovron@mt counties.com	Not Valid					
8		530-938-1392				millionewichevion@million.com						
Food	Food Safety Certified Employee: Expiration Date:											
			MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as for	llows:					
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED ON THIS DATE						
	2	Prep./ Service										
	3	Storage/ Disp.				The facility has reinstalled the handwashing sink in the preparation area and resol	lved the ongoing					
	4	Frozen Food				violation.						
	5	Pure Food				17) Observed no single-use paper towels at the hand-washing station. Ensure these p						
	6	Reused Food				are in a dispenser. Correct ASAP.						
	7	Transportation										
Food Storage	8	Storage Fac.										
	9	Refrig. Units										
	10	Thermometer	2	2]						
00		Hazardous Mat.										
	12	Spoils	2	4								
din	13	Wash/ Sanitize										
Uten./Equip.	14	Equip. Condition		3								
ten.		Utensil Condition										
	16	Storage										
e	17	Handwashing		×								
loye	18	Employee Hygiene										
Employee	-	Employee Habits										
	1993	Food Cert./ Card				4						
Water	21		_			4						
>	22			2		4						
Waste	1000	Liquid Waste				4						
>		Refuse				4						
Vermin	-	Rodents/ Insects	<u> </u>		_	4						
Ve	-	Animal/ Fowl				4						
	27					4						
es	-	Doors				4						
Facilities		Floors	_			4						
ц	30					4						
	31	Toilet Fac.				4						
	32			1		4						
	1 1	Lighting				4						
Misc.	34					4						
Σ		Signs	-			4						
MA I -		Misc. jor violation		Outo	f.con	mpliance COS = Corrected on-site						
		v (Print):		Out		Received by (Signature): Date:						
Received By (Print): Received by (Signature): Date: 6/4/2024						24						
REHS (Print): REHS (Signature): Phone:												
Alexa Roche 530-841-2117						1-2117						

Facility Name:	Chevron Mountain View Station
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The marked items represent Health Code violations and must be corrected as follows:

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 Received By (Print):
 Received by (Signature):
 Date:

 Michael H
 6/4/2024

 REHS (Print):
 REHS (Signature):
 Phone:

 Alexa Roche
 530-841-2117

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 Page 2

Facility Name:	Chevron Mountain View Station								
	The marked items represent Health Code violations and must be	e corrected as follows:							
	x								
Received By (Print):	Received by (Signature):	Date:							
Mich	hael H	6/4/2024							
REHS (Print):	REHS (Signature):	Phone:							
Alexa R	Roche	530-841-2117							
Page 3									

The marked iten	ns represent Health Code violations and must be co	prrected as follows:
	х.	
Received By (Print):	Received by (Signature):	Date:
Michael H		6/4/2024

REHS (Signature):

Phone:

530-841-2117

Álexa Roche Page 4

REHS (Print):

Facility Name:

Chevron Mountain View Station