

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: Weed Community Center Permit # 000544				000544							
Address: 161 E Lincoln St Weed CA 96094											
Permit Holder: Weed Parks and Recreation District					Operate: Not Valid						
Phone	Phone: 530-938-4685 E-mail:										
Food		ty Certified Employ	/ee: (hriet	Forn			Expiration	Date:		
						The marked items repre	sent Health Code violations and must	he corrected	as follows:		
Protection Time/ Temp.	1	Food Temp.	IVIAU	001 0	03	000000000000	NE INSPECTION CONDUCTED	a second - second	16/25/201		
	2	Prep./ Service			_	Room	NE INSPECTION CONDUCTED (
		Storage/ Disp.		3							
	1.00	Frozen Food			_						
	5 Pure Food SATISFACTORY AT PRESENT 1				IME						
	6	Reused Food			_	1					
	7	Transportation			_						
	8	Storage Fac.									
rage	9	Refrig. Units	1949 - 207 1949 - 207								
Food Storage	10	Thermometer									
poo	11	Hazardous Mat.	2								
ш	12	Spoils									
ġ	13	Wash/ Sanitize		8							
Uten./Equip.	14	Equip. Condition									
en./	15	Utensil Condition									
5	16	Storage									
e	17	Handwashing									
Employee	18	Employee Hygiene									
du	_	Employee Habits									
	20	Food Cert./ Card									
Water	_				_						
3	22				_						
Waste	-	Liquid Waste			_						
3		Refuse			_						
Vermin	_	Rodents/ Insects			_						
Ve	1	Animal/ Fowl		3	_						
	27				_						
es	-	Doors			_						
Facilities	-	Floors	_		_						
ц	30				_						
	31	Toilet Fac.			_						
	32		-		_						
Misc.	1	Lighting			_						
	34	-									
		Signs									
MAJ =		Misc. jor violation (DUT =	Out of	compliance (COS = Corrected on-site					
2		v (Print);				Received by (Signature):		Date:			
Nancy Miller 6/11/2024											
REHS (Print): REHS (Signature): Phone: 530-841-2117					80-841-2117						

Facility Name: Weed Community Center				
	The marked items represent Health Code violations and must be corrected as follow	vs:		

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Received By (Print): Nancy Miller	Received by (Signature):	Date: 6/11/2024
REHS (Print): Alexa Roche	REHS (Signature):	Phone: 530-841-2117
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	cy Miller		6/11/2024
REHS (Print):		REHS (Signature):	Phone:
Álexa R	ocne		530-841-2117
Page 3			

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Received By (Print): Nar	ncy Miller	Received by (Signature):		Date: 6/11/2024		
REHS (Print):		REHS (Signature):		Phone:		
Alexa Ro	oche			530-841-2117		

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