

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: Miner's Inn - Best Western 000330						
Address: 122 E Miner Street, Yreka, CA 96097						
Permit	Permit Holder:Permit To Operate:					
Dhana	Kirty Patel DBA Miners Inn LLC X Valid Not Valid					
Phone		530-842-4355				E-mail: bwminersinnoffice2@gmail.com
Food S	Safe	ty Certified Employ	/ee:			Expiration Date:
			MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:
d.	1	Food Temp.		X		ROUTINE INSPECTION CONDUCTED THIS DATE
Ten	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE
Protection Time/ Temp.	3	Storage/ Disp.		Х		
n Ti	4	Frozen Food				1,3) 2ND NOTICE: Observed cold foods (scrambled eggs, sausage links, potatoes) at
ectio	100010	Pure Food				50F stored and covered in the reach-in refrigerator in the kitchen. Hold cold foods at 41F or below. Practice one of the rapidly cooling methods: placed in a shallow pan,
rote		Reused Food				separating food into smaller/thinner portion, using rapid cooling devices, using ice
		Transportation				paddles, using ice as an ingredient, inserting containers in an ice bath and stirring
ge	_	Storage Fac.		1		frequently. Correct immediately.
Food Storage		Refrig. Units				14) Facility is using non-food grade containers to and cold foods mentioned chave
od St	1	Thermometer	2			14) Facility is using non-food grade containers to cool cold foods mentioned above. Obtain and utilize commercial food grade containers that have been certified or
Foc	100100	Hazardous Mat. Spoils	-			approved to withstand repeated warewashing, decomposition, etc. Correct immediately.
		3.85	2	3		
Uten./Equip.		Wash/ Sanitize Equip. Condition		×		17) Observed no handsoap in the soap dispenser in the employees restroom. Ensure
J./E	-		8	^		handwashing station is constantly supplied with hot water, soap and paper towel in dispenser at all times. Correct immediately.
Uter	_	Utensil Condition Storage	-			dispenser at all times. Conect inimediately.
		Handwashing	-	×		
/ee		Employee Hygiene	-			*** A REINSPECTION FEE WILL BE ASSESSED ON REPEATED NON-COMPLIANCE.
Employee		Employee Habits	1			
Ш	_	Food Cert./ Card				NOTE: continue to work on non-compliance noted on previous inspection report.
e	10000	Water				NOTE. continue to work of non-compliance noted on previous inspection report.
Water		Cross Con.				
	23	Liquid Waste				
Waste		Refuse				
	25	Rodents/ Insects	8			
Vermin	26	Animal/ Fowl				
	27	Ventilation				
S	28	Doors				
Facilities	29	Floors				
Faci	30	Walls - Ceilings				
	31	Toilet Fac.				
	32	Janitorial Fac.				
	33	Lighting				
Misc.	34	Clothing - Linen				
		Signs				
		Misc.				
			501 =	Outo	r con	npliance COS = Corrected on-site Received by (Signature): Date:
Receiv	eu B	y (Print): Breann	a Ev	ans		Received by (signature). 06/18/2024
REHS	(Prin	^{t):} Chalyn Dew	ey			REHS (Signature): Phone: 530-841-2112
			-			000 011 2112

Facility Name:	Miner's Inn - Best Western
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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:	
Breanna Evans		06/18/2024	
REHS (Print):	REHS (Signature):	Phone:	
Chalyn Dewey		530-841-2112	
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