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: Wendy's Weed Permit # 001057						Permit # 001057				
Addres		88 E. Vista Dr			96094					
Permit	Hol	der: Andrew He	ennar	1		Permit To Operate: Valid Not Valid				
Phone	(916-514-3300			E-mail: 14207@riiserg.ce	om				
Food Safety Certified Employee: Tracey (Dehn) Voong Expiration Date: 05/2029										
			100	OUT COS		de violations and must be corrected as follows:				
Protection Time/ Temp.	1	Food Temp.	IVIAG	001 003	The marked terms represent freatin ook	de violations and must be corrected as follows.				
	10000	Prep./ Service			PRE-OPENING INSPECTION	N CONDUCTED THIS DATE.				
) / (e	3	Storage/ Disp.								
Li	4	Frozen Food								
lon	5	Pure Food								
tect	6	Reused Food	1		This facility is approved to open when the following is completed:					
Pro	7	Transportation		in the second						
	8	Storage Fac.			Finish alamina the facility Factor all and the first distributions and an extensive distributions are also as a constant of the extensive distributions and an extensive distributions are also as a constant of the extensive distributions and an extensive distributions are also as a constant of the extensive distributions and an extensive distributions are also as a constant of the extensive distributions and an extensive distributions are also as a constant of the extensive distributions a					
age		Refrig. Units	184 201		 Finish cleaning the facility. Ensure all construction dust and miscellaneous construction materials are cleaned up/removed from facility. Obtain all necessary licenses and permits as required by all regulatory authorities with 					
Food Storage	American Co.	Thermometer								
poc	11	Hazardous Mat.		2						
Ä		Spoils			jurisdictional oversight of this facility.					
Ġ.	8 8	Wash/ Sanitize			Obtain an anarating name this dam	and and and and an analysis				
Uten./Equip.	14	Equip. Condition			- Obtain an operating permit from this dep	partment prior to opening.				
	15	Utensil Condition								
Ute		Storage	1							
d)	-	Handwashing								
Employee	18	Employee Hygiene		ā						
mple	19	Employee Habits								
Ш	20	Food Cert./ Card								
ter	21	Water								
Water	22	Cross Con.								
Waste	23	Liquid Waste		ā						
Ma	24	Refuse								
Vermin	25	Rodents/ Insects		-						
Ver	26	Animal/ Fowl								
	27	Ventilation								
S	28	Doors								
Facilities	29	Floors								
Fac	30	Walls - Ceilings								
	31	Toilet Fac.								
	32	Janitorial Fac.		2						
		Lighting								
Misc	34	Clothing - Linen								
	35	Signs								
		Misc.		0.4.5						
			JU1 = 1	Out of co		Date:				
Received By (Print): Received by (Signature): Date: Lisa Kopp 07/22/2024										
REHS (Print): REHS (Signature): Phone: 530-841-2114										

Facility Name:	Wendy's Weed	
	The marked items represent Health Code violations and must be corrected as follows:	OWS:
•		
	· ·	
Received By (Print):	Received by (Signature):	Date:
Lis	sa Kopp	07/22/2024
RFHS (Print)	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

Facility Name:	Wendy's Weed	
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Lisa	а Корр	07/22/2024
RFHS (Print)	REHS (Signature):	Phone:

530-841-2114

Rick Florendo

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REHS (Print): Rick Flo	REHS (Signature):	Phone: 530-841-2114

530-841-2114