

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

Address: 148 Moonlit Oaks Dr., Yreka CA 96097 Permit Holdar: Baymont by Wyndam Phone: 50.2841-1300 Food Safety Certified Employee: Expration Date: I Food Temp. I Food Temp. <t< th=""><th></th></t<>		
Baymont by Wyndam ☑ Valid I Not Valid Phone: 530-5441-1300 E-mail: gm@baymontyreka.com Food Safety Certified Employee: Expiration Date: Expiration Date: MAU OUT COS The marked items represent Health Code violations and must be corrected as follows: 2 Prep/Service X 3 Stanger Disp. A 4 Frozen Food A 5 Pure Food A 6 Reuser Food A 7 Transportation A 7 Transportation A 1 Perfug. Units C 2 Observed facility is prepping pancake batter and portioning syrups, breads, a into containers. Portioning, assembling, or any operation that changes the form: consistency of foods are considered food preparation and handling. Discontinue operations immediately and only serve prepackaged foods in its original packag 10 The markaditum acopy on site. 2ND NOTICE. A relinsPECTION FEE WILL BE ASSESSED FOR FUTURE NON-COMPLIAN 18 Employee Habits A 19 Enployee Habits A 19 Foods A 20 Foods A 21		
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34 Clothing - Linen		
$\frac{3}{22}$ $\frac{3}{35}$ signs		
36 Misc.		
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site		
Received By (Print): Received by (Signature): Date: 07/25/2024		
REHS (Print): REHS (Signature): Phone: 530-841-2112	12	

Facility Name: Baymont Inn & Su	ites	
The marked items	s represent Health Code violations and must be c	orrected as follows:
	<u>к</u>	
Received By (Print): Katie Barnes	Received by (Signature):	Date: 07/25/2024

REHS (Print): Chalyn Dewey

REHS (Signature):

530-841-2112

Phone:

Facility Name:	Baymont Inn & Suites				
	The marked items represent Health Code violations and must be corrected as follows:				
		<u>к</u>			
Received By (Print):		Received by (Signature):	Date:		
Kati	e Barnes		07/25/2024		
REHS (Print):		REHS (Signature):	Phone:		
Chalyn	Dewey		530-841-2112		
Page 3					

Facility Name:	Baymont Inn & Suites	
	The marked items represent Health Code violations and must be corrected as for	ollows:
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Received By (Print):	Received by (Signature):	Date:
Kat	ie Barnes	07/25/2024
REHS (Print):	REHS (Signature):	Phone:
Chalyn [Dewey	530-841-2112