## **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

| F 10   | . Notice  | Concorner         |      |     |       | Daniel II.   |  |  |  |  |  |
|--|---|-------------------|------|-----|-------|--|--|--|--|--|--|
| Facility Name: Comfort Inn- Yreka Permit # 000184  |   |                   |      |     |       |  |  |  |  |  |  |
| Addres   | SS:   | 1804 B Fort Jo    | nes  | Rd. | , Yre | ka, CA 96097   |  |  |  |  |  |
| Permit   | Hol   | der:              | -    |     | 10)   | Permit To Operate:   |  |  |  |  |  |
| Phone  |   | Vjay Kuma         | r    |     |       | E-mail: Not Valid Not Valid  |  |  |  |  |  |
|  | -   | 30-331-8058       |      |     |       | gm.yrekacomfortinn@gmail.com   |  |  |  |  |  |
| Food S   | Food Safety Certified Employee: Anna Perez Expiration Date: 03/2028 |                   |      |     |       |  |  |  |  |  |  |
|  |   |                   | MAJ  | OUT | cos   | The marked items represent Health Code violations and must be corrected as follows:  |  |  |  |  |  |
| ď.   | 1   | Food Temp.        |      |     |       | ROUTINE INSPECTION CONDUCTED THIS DATE   |  |  |  |  |  |
| Protection Time/ Temp.   | 2   | Prep./ Service    |      |     |       | ROOTINE INSI ECTION CONDUCTED THIS DATE  |  |  |  |  |  |
|  | 3   | Storage/ Disp.    |      |     |       |  |  |  |  |  |  |
|  | 4   | Frozen Food       |      |     |       | 17) Observed no single-use paper towel and dispenser at the handwashing station in the kitchen. Ensure each handwashing station is supplied with single-use paper towel and pump soap in a dispenser, and hot water at all times. Correct immediately. |  |  |  |  |  |
|  | 5   | Pure Food         |      |     |       |  |  |  |  |  |  |
|  | 6   | Reused Food       |      |     |       |  |  |  |  |  |  |
| Δ.   | -   | Transportation    |      |     |       | 14) Observed a Household Use Only Crock Pot used to hot hold scrambled egg. Utilize  |  |  |  |  |  |
| e  | -   | Storage Fac.      |      |     |       | commercial ANSI/NSF approved equipment. Discontinue use, remove and or replace   |  |  |  |  |  |
| Food Storage   | 9   | Refrig. Units     |      |     |       | with commercially certified equipment immediately. Provide manufacturers cut sheet to  |  |  |  |  |  |
| St   | 10  | Thermometer       |      |     |       | our department for preapproval before purchase.  |  |  |  |  |  |
| F00  | CATTE   | Hazardous Mat.    |      |     |       | 14) Observed a fly swatter in the kitchen. Insect fragments may disperse and   |  |  |  |  |  |
| ecenii   | 12  | Spoils            |      |     |       | contaminate food prep or warewashing areas. Utilize other insect control devices and   |  |  |  |  |  |
| ġ  | 13  | Wash/ Sanitize    |      |     |       | ensure it is not installed over food, or utensil handling area such as clean equipment,  |  |  |  |  |  |
| Uten./Equip.   | 14  | Equip. Condition  |      | X   |       | linens, and unwrapped single-use articles. Removed during inspection.  |  |  |  |  |  |
| ten.   | 15  | Utensil Condition |      |     |       |  |  |  |  |  |  |
| כ  | 16  | Storage           |      |     |       | 29) Observed the floors and baseboards damaged or missing in the corner next to the  |  |  |  |  |  |
| ø  |   | Handwashing       |      | ×   |       | handwashing station in the breakfast area. Ensure floors surrounding the handwa<br>station meet these conditions: smooth, durable, nonabsorbent, and easily cleanal  |  |  |  |  |  |
| loye   | 18  | Employee Hygiene  |      |     |       | Ensure baseboards extend at least 4 inches up the wall with a 3/8 inch minimum radius  |  |  |  |  |  |
| Employee   |   | Employee Habits   |      |     |       | coving at the juncture of the floor and wall. Repair or correct within 90 days.  |  |  |  |  |  |
|  | 20  | Food Cert./ Card  |      |     |       |  |  |  |  |  |  |
| Water  |   | Water             |      |     |       | 30) Observed a large hole in the wall next to handwashing station in the breakfast are   |  |  |  |  |  |
| >  |   | Cross Con.        |      |     |       | Ensure walls as to be easily cleanable, smooth, durable, and nonabsorbent. Repair or correct within 90 days.   |  |  |  |  |  |
| Waste  | Contraction of  | Liquid Waste      |      |     |       | correct within 90 days.  |  |  |  |  |  |
| Š  | 24  | Refuse            |      |     |       |  |  |  |  |  |  |
| Vermin   | 25  | Rodents/ Insects  |      |     |       |  |  |  |  |  |  |
| \<br>\   | 26  | Animal/ Fowl      | _    |     |       |  |  |  |  |  |  |
|  |   | Ventilation       | Щ    |     |       |  |  |  |  |  |  |
| es   | 28  | Doors             |      |     |       |  |  |  |  |  |  |
| Facilities   | Acres 1   | Floors            |      | X   |       |  |  |  |  |  |  |
| Fa   | 30  | Walls - Ceilings  |      | X   | -     |  |  |  |  |  |  |
|  |   | Toilet Fac.       | Щ    |     |       |  |  |  |  |  |  |
|  | 32  | Janitorial Fac.   |      |     | ,     |  |  |  |  |  |  |
|  |   | Lighting          |      |     |       |  |  |  |  |  |  |
| Misc.  | 5000  | Clothing - Linen  |      |     |       |  |  |  |  |  |  |
|  | -   | Signs             |      |     |       |  |  |  |  |  |  |
| NAA I  |   | Misc.             | III- | 0.1 |       | OOC - Corrected on aits  |  |  |  |  |  |
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site  Received By (Print): Received by (Signature): Date: |   |                   |      |     |       |  |  |  |  |  |  |
| NCCEIVE  | u D)  | Anna Pe           | erez |     |       | Received by (Signature): Date: 07/25/2024  |  |  |  |  |  |
| REHS (   | Print   | ):<br>Chalvn Dewe | ev   |     |       | REHS (Signature): Phone: 530-841-2112  |  |  |  |  |  |

| Facility Name:            | Comfort Inn- Yreka  |                  |
|---------------------------|---|------------------|
|                           | The marked items represent Health Code violations and must be corrected as follows: |                  |
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| Received By (Print):      | Received by (Signature): Date:  |                  |
|                           |   | 07/25/2024       |
| REHS (Print):<br>Chalyn D | REHS (Signature): Phon Dewey 53   | e:<br>0-841-2112 |

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| Received By (Print):<br>Anna | Received by (Signature): Date a Perez   | e:<br>07/25/2024   |
| REHS (Print):<br>Chalyn I    | REHS (Signature): Pho Dewey 5:  | ne:<br>30-841-2112 |

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| <u></u>                   | Description (Company)   | <u> </u>            |
|                           | Received by (Signature):<br>na Perez  | Date:<br>07/25/2024 |
| REHS (Print):<br>Chalyn [ | REHS (Signature): Dewey   | Phone: 530-841-2112 |