



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

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|--|--|
| Facility Name: Arby's | Permit # 000837 |
| Address: 1813 Fort Jones Rd., Yreka, CA 96097 | |
| Permit Holder: Arby's | Permit To Operate: <input checked="" type="radio"/> Valid <input type="radio"/> Not Valid |
| Phone: 530-841-7111 | E-mail: didi@food-services.co |
| Food Safety Certified Employee: Didi Tacdol | Expiration Date: 01/2025 |

| | | MAJ | OUT | COS | | |
|-----------------------|----|-------------------|-----|-----|---|---|
| | | | | | The marked items represent Health Code violations and must be corrected as follows: | |
| Protection Time/Temp. | 1 | Food Temp. | | X | X | <p style="text-align: center; margin-bottom: 10px;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>1) Observed onion rings at 65F above the deli prep cooler without a time stamp. Hold cold foods at 41F or below. If time as a control is utilized, ensure a time is indicated on the time stamp to discard food. Voluntarily discarded.</p> <p>NOTE: Although it does not meet California Retail Food Code, facility is allowed to operate both Cadco Convection Ovens without an exhaust hood (as it was previously approved). Should grease-laden or smoke vapors buildup on equipment or surrounding environment is observed, facility will be required to install a ventless hood system to the equipment or exhaust hood.</p> |
| | 2 | Prep./ Service | | | | |
| | 3 | Storage/ Disp. | | | | |
| | 4 | Frozen Food | | | | |
| | 5 | Pure Food | | | | |
| | 6 | Reused Food | | | | |
| | 7 | Transportation | | | | |
| Food Storage | 8 | Storage Fac. | | | | |
| | 9 | Refrig. Units | | | | |
| | 10 | Thermometer | | | | |
| | 11 | Hazardous Mat. | | | | |
| | 12 | Spoils | | | | |
| Uten./Equip. | 13 | Wash/ Sanitize | | | | |
| | 14 | Equip. Condition | | | | |
| | 15 | Utensil Condition | | | | |
| | 16 | Storage | | | | |
| Employee | 17 | Handwashing | | | | |
| | 18 | Employee Hygiene | | | | |
| | 19 | Employee Habits | | | | |
| | 20 | Food Cert./ Card | | | | |
| Water | 21 | Water | | | | |
| | 22 | Cross Con. | | | | |
| Waste | 23 | Liquid Waste | | | | |
| | 24 | Refuse | | | | |
| Vermin | 25 | Rodents/ Insects | | | | |
| | 26 | Animal/ Fowl | | | | |
| Facilities | 27 | Ventilation | | | | |
| | 28 | Doors | | | | |
| | 29 | Floors | | | | |
| | 30 | Walls - Ceilings | | | | |
| | 31 | Toilet Fac. | | | | |
| | 32 | Janitorial Fac. | | | | |
| | 33 | Lighting | | | | |
| Misc. | 34 | Clothing - Linen | | | | |
| | 35 | Signs | | | | |
| | 36 | Misc. | | | | |

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|---|--|
| MAJ = Major violation OUT = Out of compliance COS = Corrected on-site | |
| Received By (Print): Izaak Hans | Received by (Signature): _____ Date: 07/30/2024 |
| REHS (Print): Chalyn Dewey | REHS (Signature): _____ Phone: 530-841-2112 |

Facility Name: Arby's

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Received by (Signature):

Date:
07/30/2024

REHS (Print):
Chalyn Dewey

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