



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: South Weed Valero Permit # 000432										
Addres	SS:	1926 Shastina	Dr V	Veed	CA	96094				
Permit Holder: Dennis Erickson Permit To Operate: Valid Not Valid										
Phone		530-938-3605				E-mail:				
Food S	Safe	ty Certified Employ	ee: -	Teres	sa Ed	Expiration Date: 11/2028				
MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:										
Protection Time/ Temp.	1	Food Temp.				ROUTINE INSPECTION CONDUCTED ON THIS DATE				
	2	Prep./ Service								
	3	Storage/ Disp.				44) Observed by Adams allow and another Majorial and installation and installation and the				
	4	Frozen Food				14) Observed hot dog roller currently not working. Maintain equipment in a condition as to serviceable and good repair. Replace, remove, or repair within the next 30 days.				
ctio	107/810	Pure Food				solviocable and good repair. Replace, femove, or repair within the next see days.				
Prote		Reused Food								
		Transportation								
Food Storage		Storage Fac.	E.S. 337							
		Refrig. Units								
lS po		Thermometer			8					
Foc	come	Hazardous Mat.								
		Spoils		2 2 2 2 2 2 2 2 2 2						
Uten./Equip.		Wash/ Sanitize		~						
J./Ec	-	Equip. Condition		×						
Uter	, , , , , , , , ,	Utensil Condition Storage								
	100				-					
ee/	-	Handwashing Employee Hygiene			-					
Employee		Employee Habits								
En	_	Food Cert./ Card			-					
e	10000	Water								
Water		Cross Con.								
ste	23	Liquid Waste								
Waste	24	Refuse								
Vermin	25	Rodents/ Insects								
Veri	26	Animal/ Fowl								
	27	Ventilation								
S	28	Doors								
Facilities	29	Floors								
Fac	30	Walls - Ceilings								
	31	Toilet Fac.								
	32	Janitorial Fac.								
	33	Lighting								
Misc.		Clothing - Linen								
		Signs								
		Misc.								
MAJ = Major violation OUT = Out of compliance COS = Corrected on-site										
Received By (Print): Sarah Soumpholphakdy Received by (Signature): 8/1/2024										
REHS (Print): REHS (Signature): Phone: 530-841-2117										

Facility Name:	South Weed Valero			
	The marked items repres	sent Health Code violations an	nd must be corrected as follow	WS:
Received By (Print): Sai	ah Soumpholphakdy	Received by (Signature):		Date: 8/1/2024
REHS (Print): Alexa Tho	om	REHS (Signature):		Phone: 530-841-2117

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REHS (Print): Alexa TI		REHS (Signature):	Phone: 530-841-2117

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