

## **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	Nai	me: Relax Inn				Permit # 000389					
Addres	S:	1210 S Main S	t. Yr	eka.	CA	96097					
Permit Holder: Permit To Operate:											
	Rakesh Patel										
Phone:	350-042-2791 Telaxii ii yi eka (@yanoo.com										
Food S	Food Safety Certified Employee: N/A Expiration Date:										
		MAJ OUT COS				The marked items represent Health Code violations and must be corrected as follows:					
Protection Time/ Temp.	1	Food Temp.									
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED THIS DATE					
	3	Storage/ Disp.				SATISFACTORY AT PRESENT TIME					
	4	Frozen Food									
ction	5	Pure Food									
Protec	6	Reused Food									
	7	Transportation									
poo_	8	Storage Fac.				SATISFACTORY AT PRESENT TIME					
	9	Refrig. Units									
	10	Thermometer									
-000	11	Hazardous Mat.									
ш	12	Spoils									
Uten./Equip.	13	Wash/ Sanitize									
	14	Equip. Condition									
ten.	15	Utensil Condition									
Ď	16	Storage									
Ф	17	Handwashing									
Employee	18	Employee Hygiene									
-mb		Employee Habits									
	7 200	Food Cert./ Card									
ater	Contract	Water									
>	22	Cross Con.									
aste		Liquid Waste									
Waste	_	Refuse				NOTE: Provided "Food Inspection Notice" form.					
min Waste		Rodents/ Insects	$\sqcup$	_							
Ne Ve	-	Animal/ Fowl									
		Ventilation									
es		Doors									
Facilities	29	Floors		_							
Fa	30	Walls - Ceilings									
		Toilet Fac.	$\Box$								
	32	Janitorial Fac.									
		Lighting									
SC.	- 100	Clothing - Linen									
		Signs		_							
		Misc.		Out		OOC - Corrected on site					
	MAJ = Major violation OUT = Out of compliance COS = Corrected on-site										
	Received By (Print): Received by (Signature): Date:  Rick Patel 08/14/2024										
REHS (	Print	): Chalyn Dewe	еу			REHS (Signature): Phone: 530-841-2112					

Facility Name:	Relax Inn		
	The marked items repres	sent Health Code violations and must b	e corrected as follows:
Received By (Print):		Received by (Signature):	Date:
Ri	ck Patel		08/14/2024
REHS (Print): Chalyn D	ewey	REHS (Signature):	Phone: 530-841-2112

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	Particular (O'meters)	
	k Patel	Date: 08/14/2024
REHS (Print): Chalyn [	REHS (Signature): Dewey	Phone: 530-841-2112