

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 Name: Comfort Inn -Weed Permit # 000183										
Address: 1844 Shastina Dr, Weed CA 96094										
Permit Holder: Permit To Operate:										
-		Khalsa JL,	Inc			X Valid				
Phone:	5	530-938-1982				E-mail: comfortinnweed@gmail.com				
Food S	afet	ty Certified Employ	ee:			Expiration Date:				
			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.				20) (TUNOTIOE				
	4	Frozen Food				20) 4TH NOTICE. Employees handling food, wares, or cleaning the food facility are required to have a food handler card within 30 days of hire. Please ensure that employees working in the				
	5	Pure Food				food facility area obtain this certification asap.				
	6	Reused Food								
	7	Transportation				20) 4TH NOTICE. Food manager certification is expired, and has been since 2021. This was				
Φ	8	Storage Fac.				noted on the previous inspection and the penalty warning was provided at that time. Please				
Food Storage	9	Refrig. Units				provide this office a copy of the current food manager certification for this facility, or obtain a certification within 60 days. The facility will be charged \$100 per day for operating without a				
	10	Thermometer			0	current food manager cert if compliance is not met within the given time frame.				
		Hazardous Mat.				bir want dat word in straiter space — Princip Control or will date of date of the control of the				
	12	Spoils			9					
dir.	, TO 100	Wash/ Sanitize								
Uten./Equip.	14	Equip. Condition			,					
ten.	15	Utensil Condition								
ס	16	Storage								
e e		Handwashing								
Employee	18	Employee Hygiene								
Emp		Employee Habits			-					
		Food Cert./ Card								
Water		Water								
>	22	Cross Con.								
Waste	Contraction of	Liquid Waste								
>		Refuse			5					
Vermin		Rodents/ Insects								
Ne Ne		Animal/ Fowl			8					
	27	Ventilation								
es	-	Doors	Н		9	4				
Facilities	, and the	Floors								
щ		Walls - Ceilings								
	31	Toilet Fac.	Н							
	32	Janitorial Fac.	Н							
Misc.		Lighting Lines	H							
	34	Clothing - Linen								
	-	Signs	H		\vdash					
MA.I =		Misc. or violation C	UT =	Out	of com	ppliance COS = Corrected on-site				
Receive						Received by (Signature): Date: 8/21/2024				
REHS (Print): Alexa Thom REHS (Signature): Phone: 530-841-2117										

Facility Name:	Comfort Inn -Weed	
	The marked items represent Health Code violations and mo	ust be corrected as follows:
Received By (Print):	Received by (Signature):	Date:
Ar	nerica Sandoval	8/21/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Thom

Facility Name:	Comfort Inn -Weed		
	The marked items re	epresent Health Code violations and must be co	orrected as follows:
Received By (Print): Ame	rica Sandoval	Received by (Signature):	Date: 8/21/2024
REHS (Print): Alexa Tl	nom	REHS (Signature):	Phone: 530-841-2117

530-841-2117

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		Description 11 (O)		
	erica Sandoval	Received by (Signature):		Date: 8/21/2024
REHS (Print): Alexa Th	om	REHS (Signature):		Phone: 530-841-2117