

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	Na	me: Jacks Dog	js			Permit # 000280					
Addres	S:	1289 S Main S	Stree	t Yre	ka C	CA 96097					
Permit	Permit Holder: Sandra Nolen Permit To Operate: Valid Not Valid										
Phone											
Food S	Food Safety Certified Employee: Sandra Nolen Expiration Date: 05/2026										
	MAJ OUT COS The marked items represent Health Code violations and must be corrected as follows:										
Protection Time/ Temp.	1	Food Temp.	IVIAU	001	003	The marked items represent realth Code violations and must be corrected as follows.					
	2	Prep./ Service				ROUTINE INSPECTION CONDUCTED ON THIS DATE					
	1000	Storage/ Disp.									
	_	Frozen Food									
	5	Pure Food									
	6	Reused Food									
	7	Transportation		2							
Car	9312	Storage Fac.				SATISFACTORY AT PRESENT TIME.					
rage	9	Refrig. Units	100 20	3							
ip. Food Storage	10	Thermometer									
	11	Hazardous Mat.									
Œ.	12	Spoils									
Uten./Equip.	13	Wash/ Sanitize									
	14	Equip. Condition									
l'ua	15	Utensil Condition									
Ç	16	Storage									
(I)	17	Handwashing									
Employee	18	Employee Hygiene									
ldw	19	Employee Habits									
	20	Food Cert./ Card									
Water	21	Water									
W	22	Cross Con.				NOTE: Provided "Facility Inspection Notice" form.					
Waste	23	Liquid Waste									
Wa	24	Refuse									
Vermin		Rodents/ Insects									
Ver	26	Animal/ Fowl									
	27	Ventilation									
Se	28	Doors									
Facilities	29	Floors									
Fa	30	Walls - Ceilings									
	31	Toilet Fac.									
	32	Janitorial Fac.		4							
	33	Lighting									
SC.	34	Clothing - Linen									
Misc.	35	Signs									
		Misc.									
)UI =	Out o	of com	pliance COS = Corrected on-site Received by (Signature): Date:					
Receive	u B)	y (Print): Sandra	Nole	en		Received by (Signature): Date: 08/22/2024					
REHS (Print	chalyn Dew	ey			REHS (Signature): Phone: 530-841-2112					

Facility Name:	Jacks Dogs	
	The marked items represent Health Code violations and must be corrected as follows:	
Received By (Print):	Received by (Signature):	
	andra Nolen	08/22/2024
REHS (Print): Chalyn D	REHS (Signature): Ph	one: 530-841-2112

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	dra Nolen	Received by (Signature):	Date: 08/22/2024
REHS (Print): Chalyn I	Dewey	REHS (Signature):	Phone: 530-841-2112

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Received By (Print): Sar	Received by (Signature): Date of the Date	re: 08/22/2024
REHS (Print): Chalyn [REHS (Signature): Pho Dewey 5	one: i30-841-2112