



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: Rex Club	Permit # 000390
Address: 111 S Main Street Yreka CA 96097	
Permit Holder: Troy Davis	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-842-2659	E-mail: empire.rexclub@gmail.com
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			
	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		X	
	14	Equip. Condition			
	15	Utensil Condition			
	16	Storage			
Employee	17	Handwashing		X	X
	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.			

ROUTINE INSPECTION CONDUCTED ON THIS DATE

13) Observe buildup of slimy mold in the ice machine, especially on the flap inside. Discontinue use of ice machine, dispose of all ice, and wash and sanitize machine according to manufactures instruction. Correct immediately.

17) Observed the handwashing sink obstructed with numerous spray bottles. Ensure handwashing sink is unobstructed and easily accessible at all times. Corrected during inspection.

NOTE: Provided "Facility Inspection Notice" form.

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site
Received By (Print): Lela Leslie Received by (Signature): _____ Date: 08/22/2024
REHS (Print): Chalyn Dewey REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Rex Club

The marked items represent Health Code violations and must be corrected as follows:

[Empty area for listing health code violations and correction details]

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REHS (Print): Chalyn Dewey	REHS (Signature):	Phone: 530-841-2112
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