

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: Macdoel Fuel Good Permit # 000306											
Address: 41501 S Hwy 97 Macdoel CA											
Permit Holder: Permit To Operate:											
Fastbreak Inc											
Phone: 530-398-4444 E-mail: macdoel.market@edstaub.com											
Food S	afet	y Certified Employ	ee: A	Alliso	n Wi	nkle Expiration Date: 02/2029					
				OUT		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.									
	4	Frozen Food				13,29) Observed buildup of dirt, grease, and food debris throughout the food prep area and hereach places. Maintain facility in a clean manner at all times. Correct immediately.					
ction	5	Pure Food									
ote	6	Reused Food									
ď	7	Transportation									
Food Storage	8	Storage Fac.									
	9	Refrig. Units	9A - AA								
	10	Thermometer									
000	11	Hazardous Mat.				NOTE: Facility provided pest prevention documentation.					
ш	12	Spoils			8	10 10 10 Mark Mar 10 10 10 Carl (Mark 10 Car					
ip.	13	Wash/ Sanitize		X							
Uten./Equip.	14	Equip. Condition									
en./	15	Utensil Condition									
5	16	Storage									
Φ	17	Handwashing									
Employee	18	Employee Hygiene									
ldu	19	Employee Habits									
	20	Food Cert./ Card									
Water	21	Water									
M	22	Cross Con.									
Waste	23	Liquid Waste									
	24	Refuse									
/ermin	-	Rodents/ Insects									
Ver	26	Animal/ Fowl									
	27	Ventilation									
S	28	Doors			8						
Facilities	29	Floors		X							
Fac	30	Walls - Ceilings									
	31	Toilet Fac.									
	32	Janitorial Fac.									
	33	Lighting									
Misc.	34	Clothing - Linen									
	35	Signs									
		Misc.									
			UT =	Out	of com	pliance COS = Corrected on-site					
Received By (Print): Received by (Signature): Date: 3/8/2024											
REHS (Print): Alexa Roche						REHS (Signature): Phone: 530-841-2117					

Facility Name:	Macdoel Fuel Good		
	The marked items represent Heal	h Code violations and must be corrected as follo	ws:
Received By (Print):	Receive	d by (Signature):	Date:
All	ison Winkle		3/8/2024
REHS (Print):	REHS	(Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Macdoel Fuel Good	
	The marked items represent Health Code violations and must be corrected	as follows:
Descrived Des (Detail)	Received by (Signature):	Deter
Received By (Print): Allis	son Winkle	Date: 3/8/2024
REHS (Print):	REHS (Signature):	Phone:

530-841-2117

Alexa Roche

Facility Name:	Macdoel Fuel Good		
	The marked items r	epresent Health Code violations and must be cor	rected as follows:
Received By (Print):	147	Received by (Signature):	Date:
	son Winkle	DELIG (C)	3/8/2024
REHS (Print): Alexa Ro	oche	REHS (Signature):	Phone: 530-841-2117