



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: Miner's Inn - Best Western	Permit # 000330
Address: 122 E Miner Street, Yreka, CA 96097	
Permit Holder: Kirty Patel DBA Miners Inn LLC	Permit To Operate: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Not Valid
Phone: 530-842-4355	E-mail: bwminersinoffice2@gmail.com
Food Safety Certified Employee:	Expiration Date:

		MAJ	OUT	COS	The marked items represent Health Code violations and must be corrected as follows:
Protection Time/ Temp.	1 Food Temp.		X		<p style="text-align: center; font-weight: bold;">ROUTINE INSPECTION CONDUCTED THIS DATE</p> <p>1) Observed shelled eggs, individual serving milk cartons, and prepackaged cream cheese at 49F in the self-service beverage cooler in the dining area. Ensure all cold foods are held at 41F. Correct immediately. 2ND NOTICE.</p> <p>1) Observed individual milk cartons at 58F stored on the ground, in ambient temperature in the kitchen. Hold milk products at 45F or below. Milk were moved into refrigerator.</p> <p>3) Observed chemicals in working spray bottles stored on the same shelf as bread and above granola bars. Store chemicals below foods or in designated chemical storage area. Correct ASAP.</p> <p>14) Observed broken door gaskets/seals to both reach-in freezer and refrigerator in the kitchen. Maintain equipment in good repair. Repair within 30 days. 3RD NOTICE.</p> <p>14) Facility is using non-food grade containers to cool cold foods mentioned above. Obtain and utilize ANSI/NSF certified food grade containers. Correct within 30 days. 2ND NOTICE.</p> <p>17) Observed the paper towel not dispensing towels at handwashing station in the kitchen. Ensure handwashing station dispenses paper towel from a dispenser at all times. Correct ASAP.</p> <p>17) Observed no handsoap in a soap dispenser/pump bottle in the employees restroom behind the front counter. Ensure handwashing station is constantly supplied with hot water, soap and paper towel in a dispenser. Correct immediately. 2ND NOTICE.</p> <p>20) Facility does not have a food manager safety certificate. Obtain one within 30 days. 3RD NOTICE.</p> <p style="font-weight: bold;">* A REINSPECTION FEE HAS BEEN ASSESSED FOR NON-COMPLIANCE.</p> <p style="font-weight: bold;">*** A REINSPECTION FEE WILL BE ASSESSED ON FUTURE NON-COMPLIANCE.</p>
	2 Prep./ Service				
	3 Storage/ Disp.		X		
	4 Frozen Food				
	5 Pure Food				
	6 Reused Food				
	7 Transportation				
Food Storage	8 Storage Fac.				
	9 Refrig. Units				
	10 Thermometer				
	11 Hazardous Mat.				
Uten./Equip.	12 Spoils				
	13 Wash/ Sanitize				
	14 Equip. Condition		X		
Employee	15 Utensil Condition				
	16 Storage				
	17 Handwashing		X		
	18 Employee Hygiene				
Water	19 Employee Habits				
	20 Food Cert./ Card				
	21 Water				
	22 Cross Con.				
Waste	23 Liquid Waste				
	24 Refuse				
Vermin	25 Rodents/ Insects				
	26 Animal/ Fowl				
Facilities	27 Ventilation			X	
	28 Doors				
	29 Floors				
	30 Walls - Ceilings				
	31 Toilet Fac.				
	32 Janitorial Fac.				
	33 Lighting				
Misc.	34 Clothing - Linen				
	35 Signs				
	36 Misc.				

MAJ = Major violation OUT = Out of compliance COS = Corrected on-site	
Received By (Print): Jake Hammons	Received by (Signature): _____ Date: 08/27/2024
REHS (Print): Chalyn Dewey	REHS (Signature): _____ Phone: 530-841-2112

Facility Name: Miner's Inn - Best Western

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

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

Received By (Print): Jake Hammons	Received by (Signature):	Date: 08/27/2024
---	--------------------------	----------------------------

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

Facility Name: Miner's Inn - Best Western

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

Received By (Print): Jake Hammons	Received by (Signature):	Date: 08/27/2024
---	--------------------------	----------------------------

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

Facility Name: Miner's Inn - Best Western

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

Received By (Print):
Jake Hammons

Received by (Signature):

Date:
08/27/2024

REHS (Print):
Chalyn Dewey

REHS (Signature):

Phone:
530-841-2112