## 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: Gold Rush Burgers Permit # 000244						Permit # 000244			
Addres		1240 S. Main	St., \	/reka	a, C/	A 96097			
Permit Holder:  Kenton and Debbie Rush  Permit To Operate:  Valid  N									
l	Phone: 530-842-2177 E-mail: mabjlb1989@outlook.com								
Food S	Food Safety Certified Employee: Melody Byford Expiration Date: 07/2024								
			MAJ	T		The marked items represent Health Code violations and i			
Protection Time/ Temp.	1	Food Temp.							
	2	Prep./ Service		×		ROUTINE INSPECTION CONDUCTED T	HIS DATE		
	3	Storage/ Disp.				2) Observed raw patties stored on same shelf with chop	oped onions in the cabinet below		
Tin	4	Frozen Food	$\uparrow \neg$			the deli prep cooler. Observed raw eggs stored above b	oulk pickle container in the reach-		
tion	5	Pure Food				in refrigerator behind the cashier's bar. Store ready to e	eat food above ready to eat food		
otec	6	Reused Food				or on separate shelves. Corrected immediately. 2ND VI	OLATION.		
ď	7	Transportation				11) Observed unmarked working spray hottles in the ch	romical storage area. Ensure all		
4)	8	Storage Fac.				11) Observed unmarked working spray bottles in the chemical storage area. En bottles are marked with common name to prevent mishandling of hazardous management.			
rage	9	Refrig. Units				Correct immediately.	anding of nacarates		
Sto	10	Thermometer				and process of the control of the c			
Food Storage	11	Hazardous Mat.		×		20) Observed food safety certificate has expired. Obtain	n a current food safety certificate		
ш	12	Spoils				within 90 days.			
<u>d</u>	13	Wash/ Sanitize				21) Observed the 3 compartment sink, soda, and ice machine draining into flo	achine draining into floor sink		
Equ	14	Equip. Condition				without a 1" air gap. Ensure these pipes are drained inc			
Uten./Equip.	15	Utensil Condition				above the flood level rim of the floor sink. Correct within			
5	16	Storage							
Φ	17	Handwashing				A REINSPECTION FEE WILL BE ASSESSED FOR FUTURE NON-COMPLIA			
Employee	18	Employee Hygiene							
dw		Employee Habits		,					
	20	Food Cert./ Card		×					
Water		Water							
×	22	Cross Con.	igsquare						
Waste	-	Liquid Waste							
×		Refuse							
Vermin		Rodents/ Insects	igsquare						
Ve	26	Animal/ Fowl							
		Ventilation	Ш	Ш		NOTE:			
S		Doors	Щ			1) Provided "Facility Inspection Notice" form.			
Facilities	DATE:	Floors	Ш			Provided Food Safety Instructor contact info.			
Fa	30	Walls - Ceilings				-,			
	31	Toilet Fac.		Щ					
	32								
		Lighting		Щ					
Misc.				Ш					
Ž	35	Signs		Щ					
		Misc.			Ļ	200 0			
			<u>)UI =</u>	Out o	f com	pliance COS = Corrected on-site	Data		
Received By (Print): Received by (Signature): Date:  Melody Blanton 08/28/2024									
REHS (	Print	t): Chalyn Dew	ey			REHS (Signature):	Phone: 530-841-2112		

Facility Name: Gold Rush Burg	ers	
The marked ite	ms represent Health Code violations and must be co	orrected as follows:
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Descrived Dr. /Drinth	Possived by (Cignatura)	Data
Received By (Print):  Melody Blanton	Received by (Signature):	Date: 08/28/2024
REHS (Print):	REHS (Signature):	Phone:
Chalyn Dewey		530-841-2112

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Received By (Print): MeIo	ody Blanton	received by (Signature).	Date: 08/28/2024
REHS (Print): Chalyn [	Dewey	REHS (Signature):	Phone: 530-841-2112

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